

PSYCHOTHERAPEUTIC EFFECTIVENESS AND SOCIAL DISCOURSE: AN
ECOSYSTEMIC EXPLORATION

by

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Summary

Extensive questions have been asked regarding the factors that influence psychotherapeutic effectiveness. Past research has addressed the methods, techniques, as well as the client and therapist variables which potentially influence psychotherapeutic effectiveness. The majority of the research indicates that the therapeutic relationship and other contextual variables exert the greatest influence on psychotherapy successes. This implicates the broader social context in psychotherapy processes. Language appears to be one of the primary contextual factors influencing psychotherapeutic processes and is also embedded in social discourse. Society dominant discourses appear to be based on deficit beliefs toward psychotherapy and emotional functioning. The more relevant issue concerning psychotherapeutic effectiveness therefore appears to be society's dominant discourses affecting the profession. Collaborative social discourses embracing psychology are seldom integrated into mainstream public discourse. A post-modern, ecosystemic perspective is applied to these concerns, proposing a collaborative approach to social discourse, psychotherapy and research. This utilizes reflective, multi-dimensional, respectful and nonjudgmental values, reflecting the shift in social paradigms from the Industrial Age to the Knowledge Age. This shift recognizes that cultural, social and language variables appear to have a greater impact on psychotherapeutic effectiveness than most therapeutic techniques or interventions. These discourses are explored and recommendations are made in an attempt to align psychotherapy with a shifting social paradigm. This alignment could enhance psychotherapeutic effectiveness and the general understanding of psychotherapy.

Keywords: post-modern psychotherapy; epistemology; dominant social discourse; accountability; meaning; beliefs; paradigm shift; ethics of positioning; therapeutic space; dialogue; language; deficit; collaborative discourse; disrespect; crisis; monologue.

***We dance around in a ring
and suppose,
but the secret sits in the middle
and knows.***

Robert Frost (n.d.)

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CHAPTER 1

INTRODUCTION

The suffering of illness can be understood as an expression of conflict between the desire to continue in one's habitual and familiar ways and the emerging forces and forms of our life's evolution that demand change and re-adaptation
(Whitmont, 1993 p.43).

Introduction

Over time psychotherapy has consistently been challenged and questioned, with differing viewpoints and opinions leading to enquiries concerning its effectivity and use (Chung & Bernak, 2002; Hubble, Duncan & Miller, 1999). The differing opinions have fuelled speculation about positive outcomes in the minds of both the general public and science critics. Due to this extensive criticism, psychotherapy has endured damaging stereotypes about perceived inefficiency (Viljoen, 2004). It is primarily these stereotypes which have prompted people to seek greater clarity, transparency and information regarding psychotherapy and its role (Hoyt & Ahola, 1994). Stereotypes have perpetuated perceptions of 'insane' or 'weak-minded' people being treated and controlled by psychologists. These ideas fuelled public fears about the nature of the profession, undeniably impacting on psychotherapy processes (Jarzombek, 2000; Mulhauser, 2005). The continual sense of fear and disappointment in the profession has exposed the field to public scrutiny, perpetuating sceptical social opinions expressed in rejection, ridicule or avoidance of psychotherapy (Dineen, 2002; 2004).

Despite people's scepticism about unsatisfactory treatment outcomes, psychotherapy has promised great hope by forging ahead into new areas of research searching for different approaches (Ackerman & Hilsenroth, 2003). Some psychotherapists have attempted to create a 'therapeutic' context and to provide balance in a world of extremes through encouraging an empowering dialogue for exploring personal change (Montgomery, 1995). Unfortunately, there are still

many people who do not experience this, claiming that they are overwhelmed and silenced by the psychotherapy context. This struggle is often expressed in statements that psychotherapy has failed people. Psychotherapy is not always seen as the successful life changing medium that it should be, through which past pain can be addressed, or the tool through which lives can be restructured. These experiences contribute to the concerns surrounding psychotherapeutic efficacy, role and relevance (Jarzombek, 2000; Robbins, 1999; Wright, 2003).

Other than the question of effectivity, the methods, interventions, validity and relevance of psychotherapy have also frequently been questioned (Dineen, 2002; 2004; Hoyt & Ahola, 1994). The criticism against psychotherapy as an effective modality for change warrants further investigation (Chung & Bernak, 2002; Haggerty, 2006).

Aim of this study

The aim of this study is to explore the contextual variables that potentially influence and impact psychotherapy and its effectivity. These variables are embedded in social processes as well as in individual relationship patterns surrounding the psychotherapy process. A deeper description of this would be to describe the social and public perceptions and beliefs, as well as individual values and expectations that influence psychotherapeutic effectivity. These factors extend beyond the usual variables related to therapeutic technique, method or intervention.

The greater socio-cultural and environmental influences, as well as the origins of these contextual dynamics are explored. This is done with an understanding that these individual, social and ecosystemic factors interact with each other, thereby impact on psychotherapy. With a greater understanding and awareness of these variables and dynamics, it is the goal of this study to be able to make appropriate recommendations regarding how psychotherapy as a profession can approach these contextual variables in a more efficient way, in order to improve psychotherapeutic effectivity and the perception thereof.

Approach

This study explores psychotherapeutic effectiveness from an ecosystemic, post-modern point of view. This perspective is preferred as it incorporates a wider angle of reference for the relevant social factors from the surrounding ecology. The emergent variables will be considered from a holistic perspective in order to address the different spheres of society which may be influencing these phenomena. A holistic perspective also understands how different variables interrelate at a larger level (Reason & Bradbury, 2001). This is more appropriate for a potentially complex problem where multiple variables may be of consequence, providing a thorough understanding of the proposed question or problem.

Ecosystemic and post-modern thinking also values differing realities, recognizing and understanding the validity of a subjective individual view. This subjectivity provides flexibility for the diverse dialogues and language which may emerge (Meares, 2004; Neuman, 1994). A post-modern approach also understands that meaning is continually evolving, expansive and mutually constructed. A collaborative research model is therefore included, utilizing language, discussion and attribution of meaning as the primary focal points of reference (Bunge, 2003).

The terms 'psychotherapy' and 'therapy', as well as 'psychotherapist' and 'therapist' are used interchangeably in this study depending on the descriptive nature of the text. True to post-modern language, the term most suitable to the relevant context being described or discussed is used. These terms are in no way mutually exclusive.

Explicit, implicit and tacit knowledge

In line with post-modern research, different types of knowledge have been relied on in the writing of this study. Tacit knowledge is used along with explicit and implicit knowledge, and needs to be defined as such. Explicit knowledge is knowledge that has been articulated and more often than not captured in the form of text and specific researched descriptions or findings. Explicit knowledge is also usually formal and systematic (Nickols, 2000).

Implicit knowledge is knowledge that can be articulated but has not as yet been openly stated, it is therefore implicit. Implicit knowledge is implied by or inferred from observable behaviour or performance. This is the kind of knowledge that can often be accessed from a communicator or respondent in a study. Once implicit knowledge becomes openly stated, it may become explicit knowledge (Nickols, 2000).

Tacit knowledge however, cannot be articulated as it is the experience of knowing that which cannot be told or explained (Polyani, 1967). An example of this would be the recognition of a face or a voice where no real description can be given for how this is done. It is the experience of 'knowing' a whole gestalt, but when this is broken down into its constituent parts it cannot give rise to the whole (Nickols, 2000). Tacit knowledge is also personal knowledge rooted in individual experience and involving personal belief, perspective and values. Tacit knowledge can facilitate more effective sharing of explicit knowledge because it enriches descriptions of experiences (Polyani, 1967). Tacit knowledge is an acceptable form of information for research and also stands true to the postmodern orientation. Where tacit knowledge is used references may be absent as it is a personal lived experience (Lincoln & Guba, 1985; Neuman, 1994).

A useful point of departure for this study is the understanding of relevant concerns and questions frequently posed about psychotherapeutic effectiveness, especially in relation to the definitions of psychotherapy. This understanding will orientate the reader to the general social and professional concerns raised about the profession. This chapter also attempts to give an overview of the discussions in the literature and in society thereby providing a platform for the study to follow. The chapter concludes with a layout and description of the chapters to come.

Psychotherapy definitions

For decades people have asked and continue to ask what psychotherapy is, or should be (Wampold, 2001). The differing definitions surrounding psychotherapy appear to be inherently problematic, with the qualities that constitute effective

psychotherapy often remaining elusive. It is important to consider these definitions in order to gain a greater understanding of the constructs of psychotherapy, how these constructs influence perceptions of psychotherapy and possibly create conflicting ideas for people.

The primary definitions of psychotherapy originated out of the medical model of psychiatry and medicine (Wampold, 2001). The medical model of psychotherapy fashioned itself after other medical approaches where the mind and body were separated with scientific rigour. Early definitions from this paradigm spoke about the prediction and control of human behaviour, which was appealing for problem resolution but remained unachievable and ethically questionable. Practitioners from this model often struggle with non-empirical and non-quantifiable approaches, defining psychotherapy as a specific intervention or as the application of techniques. These techniques are mostly aimed at changing behavioural and attitudinal problems related to mental and emotional disorders. Some definitions even speak of psychology as an extension of psychiatry that deals with emotional problems (Gopnik, 1999). Socially, psychotherapy has also been perceived as the science that 'analyzes' sane versus insane behaviour. Ideas and negative perceptions related to the concept of control have fed into society's image of psychotherapy as a treatment for 'crazy' people.

These definitions and ideas all speak of a direct effort to exert change over a human being in order to 'fix' a problem. However, the essence of an objective psychological reality or standard of health has proven for the most part impossible to predict accurately or to define fully (Bateman, Brown & Pedder, 2000). The difficulty around this remains the quantification of a host of variables which are in essence intangible. Absolute definitions of psychology and psychotherapy therefore remain elusive.

Society also often sees psychotherapy as a medium through which people can experience and facilitate change in their lives through gaining understanding and insight into personal behaviours and motives (Beaulieu & Bugental, 2006). This is the belief that talking through problems will allow the client to grow personally, which should assist with the resolution of the problem (Haggerty, 2006; Wright, 2003). Another description of psychotherapy is that it is a process where

psychological problems are treated through improving communication and relationship dynamics between the client and the therapist, which act as a microcosm of the outside world. This provides a 'practice ground' for real life scenarios (Herkov, 2006). The different definitions seem to range from viewing psychotherapy as an actual medical intervention or 'event' that happens to a person, like a reified entity, through to a process which allows for, or facilitates change.

Other perspectives have extended psychotherapy, saying that it is a context created to allow a person to be what he/she needs to be at a particular time (Wampold, 2001). This definition promotes psychotherapy as more of a process and context, rather than an event or an outcome. This 'context' could encourage human beings to acquire the skills for self-development (Yalom, 2005). Effective psychotherapy is often regarded as the process through which new energy and insight is generated by the psychotherapist, so that client beliefs or difficulties can be challenged in a safe and acceptable manner (Duncan & Moynihan, 1994). Post-modern thinking views effective psychotherapy as individuals co-creating a space where new meanings are generated in a non-threatening, respectful manner so that individual ownership of emotional processes and growth is facilitated (Hubble et al., 1999; Kazdin, 1998). Accountability is an important aspect in this as it implies a power shift in terms of the therapeutic relationship, with the client becoming an active participant in personal solutions.

In post-modern thinking the crux of the matter of change seems to rest on the creation of 'meaning', this potentially redirects the client's beliefs to redefine problematic situations (Penn & Wilson, 2003; Yalom, 2005). Language is the 'key' to this as it is the medium through which meaning is created. Language is therefore fundamental to psychotherapy, and no psychological reality or theory can be known independently of language (Bogdan, 1984; Gopnik, 1999; Taylor & Bogdan, 1984). Language is also a subjective construction of reality and not an absolute reality. The different definitions, languages and narratives around psychotherapy therefore assist and play a vital role in shaping and defining an effective therapeutic context. To understand effective psychotherapy, the impact of language and dialogue will be explored in this study.

Questioning psychotherapeutic effectiveness

Over the years studies have yielded many different results in attempting to answer which factors influence psychotherapeutic effectivity. This will be explored in depth in the following chapter. The majority of studies confirm that psychotherapy is successful, although the reasons for success seem to differ vastly (Roth & Fonagy, 2004). The most significant variables which have emerged from the research are therapist attributes and relationship conditions that influence psychotherapeutic effectivity (Ackerman & Hilsenroth, 2003). To understand more about psychotherapeutic effectivity requires an understanding of the background of the profession.

Much of the difficulty people have in understanding or accepting psychotherapy lies in the history of the profession which has been fragmented, and confusing and confrontational for many people, initiating a host of concerning perceptions.

A fragmented history

The history of psychotherapy has played a primary role in the criticism raised against it. Treatment of emotional or psychological problems can be traced back to antiquity. The ancient Greeks were the first to identify mental illness as a medical or emotional condition, rather than a sign of malevolent deities. While their understanding of the nature of mental illness was not always correct and their treatments rather unusual (e.g., bathing for depression and blood-letting for psychosis), they did recognize the treatment value of encouraging and consoling words (Haggerty, 2006; Reisman, 1991). With the fall of the Roman Empire, the middle-ages saw the return of a belief in the supernatural as a cause of mental illness, and the use of torture to gain confessions of demonic possession returned. However, some physicians began to support the use of psychotherapy e.g. Paracelsus (1493-1541) who advocated psychotherapy as treatment for the insane (Benjamin, 2007).

A huge breakthrough for the discipline of mental health occurred when doctors began exploring medical approaches to explain patients' disturbing behaviours (Phelps, 1996). While there were scattered references to the value of 'talking' in

the treatment of emotional problems, the English psychiatrist Walter Cooper Dendy first introduced the term 'psycho-therapeia' in 1853. Sigmund Freud also developed psychoanalysis around the turn of the 19th century, and made great contributions for his time with descriptions of the unconscious and his model of the human mind (Haggerty, 2006).

However, both the religious orientation of possession and the latter medical explorations remained obscure to the general population. On the periphery of knowledge to most people, the different psychotherapy treatments remained alien to the public, feeding into their fears of the unknown. This linked directly with the collective fears and myths about insanity and being controlled by other-worldly forces. For many people, the fears associated with demonic forces spilt over into fears of being subjected to threatening procedures in psychiatric asylums. The view of psychiatric asylums with histories of invasive procedures and dehumanizing treatments tainted the broader understanding of psychology reinforcing damaging perceptions (Wright, 2003). Over time stereotypes of psychotherapists treating 'unbalanced' people evolved, despite the field of psychology separating to a larger degree from psychiatry (Benjamin, 2007; Phelps, 1996).

The widespread differences and conflicting opinions about psychological behaviour and treatment gave rise to conflicting schools of psychological thought and served to confirm people's concerns that the field could not be trusted. Different schools of thought have led to numerous types of psychotherapy linked to divergent ideas and differing beliefs about effectivity (Miller, Duncan & Hubble, 1997). These have proposed interventions which have been heralded as the panacea of people's problems, further contributing to the general public's confusion (Plante, 2005). The uncertainty about correct approaches has most certainly led to a host of further speculation and suspicion in the field, resulting in ongoing concerns.

A changing society

Today there is still very little agreement on what is considered to be an effective treatment modality or intervention, unlike other healing modalities where an acceptable margin of agreement is found regarding treatment approaches (Evans,

1999). Psychotherapy has proven to be exceptionally challenging to society's ideas of what is considered to be 'correct' (Routh, 2000). As a result psychotherapy carries social stigmas related to the beliefs people hold about appropriate behaviour. The general Western concept of correctness is mostly based on the Anglo-Saxon protestant values of hard work, strict religion, and limited displays of affection. This lends suspicion to psychotherapy which is often seen as an alternative practice, encouraging people to explore emotions or even to become amoral (Evans, 1999).

Despite extensive criticism and public scepticism, psychotherapy has continued to grow and gain momentum, remaining one of the primary contexts that people seek out in an attempt to find solace, answers or meaning. People continue to search for answers to assist with psychological difficulties whether this is medical or emotional 'help' (Wedding & Niemiec, 2003). The growth in interest in psychology is evidenced in the expansion of popular literature and magazines. Each year more is written and published on psychotherapy and psychology. Entire titles are dedicated to the field such as the new 'Psychologies' magazine published by 'Media 24', and the 'Oprah' magazine published by 'Associated Magazines' (personal communication, February 5, 2007). These cover emotional wellbeing and psychological growth as their primary focus.

Slowly, some of the public perceptions have shifted from psychotherapy as a change agent to something which even encompasses religion and mysticism, a function psychology has long avoided. This inclusion of the metaphysical has attempted to help people find and create greater meaning through the realization that the construction of meaning defines daily living (Penn & Wilson, 2003). Many authors challenge society's ideas around meaning, addressing a sense of social lostness in their writing (Moore, 1992; Zohar & Marshall, 2004). A need to explore meaningful or spiritual living is widely reflected in more recent psychology journals and popular psychology literature (Penn & Wilson, 2003). Zohar and Marshall (2004) speak out against the entrenched daily experience typified by the speed and saturation of modern Western culture, this being a consumer culture which threatens to nullify meaning structures in society (Gergen, 1985).

Zohar (in Zohar & Marshall, 2004) writes about this, "I felt we live much of our lives in a spiritual desert distinguished by superficiality, absence of commitment, and lack of deep meaning. I experienced this as a victim, helpless to do anything about it" (p.x). "The trouble is that most of us don't think, we just avoid choice and let things unfold, content to go through our lives as sleepwalkers or as bits of flotsam in the stream of events" (p.xi). This seems to symbolize frustration with the collective apathy of human beings, and calls for a more authentic and empowering way of being. Julia Cameron (1995) also writes in 'The Artist's Way', that society as a collective has lost an authentic sense of living. Both these authors write extensively in the field of popular psychology.

The pertinent question for many people is determining what constitutes authentic living. Despite the social stigmas attached to psychotherapy, people appear to be increasingly embracing of it, requesting greater exploration of concerns around 'life purpose', 'soul' and meaning (Senge, Scharmer, Jaworski & Flowers, 2005). Psychotherapists have attempted to engage with these questions by providing alternative approaches to conventional psychotherapy. This shift in society has had a definite impact on the dialogues to which society and therapists are exposed. The shift towards meaning is in contrast to the overwhelmingly strong need by society for production and consumption, and the values of science which have counteracted the integration of psychotherapy into mainstream social thinking and acceptance.

Medicine versus healing - conflicting principles

Although the key factors necessary to unlock the relationship of trust in psychotherapy are different for each individual, the core cultural patterns and fears about what psychotherapy is perceived to be seem quite universal and generic. Perhaps some of the difficulty and fears in understanding psychotherapy reside in its conflicting principles and values. Certain psychotherapy principles resonate with modern medicine and 'curing' sick people, while other principles resonate with ancient traditions of healing, mysticism and the unknown (de Vulpian, 2005). These are values which have been absolute dualities and bipolar dichotomies in the Western world, defying the idea of integration or holism. This

conflict confounds understanding or explanation, creating difficulty for practitioners and clients alike.

It could perhaps be said that psychotherapy is modern man's attempt at bridging the gap between ancient healing traditions and modern medical modalities. Although this is a noble idea, it is challenging in that society itself has not yet bridged this divide in its thinking. This creates a schism between the ideals of the profession and the expectations of the social world, which seem to be opposing and demand different outcomes. Clients often speak more highly of 'esoteric' modalities or 'healers' as offering more useful help, patently exposing the divide between the predictable medical world and the allure of the metaphysical world. Psychotherapy, however, appears to fall in between these two 'arenas', occupying an unknown and therefore unpredictable terrain, reflecting society's struggle with reconciling these different paradigms for living (Jarzombek, 2000).

This paradigm struggle is also reflected in the conflicts concerning medical insurance. After decades of struggle for recognition psychology has gained some degree of medical insurance coverage. Unfortunately though, the current health insurance systems have played a role in fostering negative perceptions towards psychotherapy. Health insurers often seem reluctant to pay for psychotherapy benefits and require diagnoses that appear to be more serious or 'pathologizing' of the individual before they are prepared to pay the consultation fee. People often feel judged and punished by this and refrain from using their psychotherapy benefits in order to avoid being labelled as 'dysfunctional' (Gergen, 2003).

The insurance companies' reservations about psychotherapy can be viewed by the public as confirmation regarding the perceived lack of effectivity or necessity of psychotherapy. This doubt is never openly stated but rather implied and is detrimental to the public perception of psychotherapy. If psychotherapy were to be regarded with as much importance as other medical services much of this doubt would possibly subside (Roth & Fonagy, 2004). This is a curiously contradictory message communicated by the insurance companies; while claiming to support preventative health management campaigns they seem reluctant to reimburse their clients or patients.

This struggle reflects the argument that psychotherapy is not purely a medical, para-medical or scientific discipline, although often viewed as such by the public. Psychotherapy is expected to have the predictability of medicine and the wisdom of religion, yet people resent the financial implications of this. This conflict between the medical approach and the holistic approach is reflective of the different dialogues and shifts in society, which mirror people's ambivalent beliefs expressed in psychotherapy (Shah, 2006).

Social ambivalence towards psychotherapy

It is important to consider the phenomenon of ambivalence towards psychotherapy as it appears to link with the question of psychotherapeutic effectivity (Owen, 1993). The dynamic of client ambivalence is frequently raised in professional discussions and remains the topic of much frustration for psychotherapists. At times it seems that clients purposefully work against their own therapy processes, criticizing psychotherapy regardless of the progress made.

Historically this difficulty was blamed on the client's pathology. It seems illogical and counterintuitive that people would go through the struggle of psychotherapy merely to doubt or criticize the process. This has been explored by different authors and the majority of psychotherapists experience this ongoing dilemma in their work (Ball, 2005; Leitner & Dill-Standiford, 1993). The therapist often faces the dilemma and discomfort of satisfying the client's demands while simultaneously creating a safe and meaningful therapeutic space (Leitner & Dill-Standiford, 1993). Psychoanalysts call this 'resistance' and refer to this as one of a wide range of 'defences' that clients use to create distance and safety in psychotherapy. The concept of ambivalence seems more relevant to this study though, as it is applicable to a larger system rather than an individual relationship (Fitzpatrick, Stalikas & Iwakabe, 2001; Fransella, 1993; Horner, 2004).

Ambivalence in the media

Conflicting discourses are also reflected in a proliferation of reading material, media coverage, motivational talks and 'self help' courses. The media confronts

people with concerns around living a purposeful life, reflecting a struggle against lostness and confusion in society. Examples of depravity amongst the youth and rising crime statistics are frequently cited, with people protesting against the notion of nihilistic living (Shah, 2006; Stivers, 1994). This reflects a deep need for alleviating people's sense of suffering. A profound struggle for a sense of meaning appears to contribute to the desire for a therapeutic space extending beyond the usual social interactions. The interface between these different dynamics is often confrontational for therapists, clients and public alike, leaving confusion and uncertainty in its wake (Hedges, Hilton, Hilton, & Caudill, 1997). Most people welcome new techniques for 'cures' or alternative healing, even if deemed 'unscientific'. Psychology though, curiously remains rejected and scrutinized by public suspicion (Lilienfeld, Lynn & Lohr, 2004).

The medical world, corporate experts and 'coaches', esoteric or 'spiritual gurus' and motivational speakers all seem to capture the public's imagination while demanding substantial payments. Rather than being profoundly useful or inspirational, psychotherapy more often than not seems to be judged as a difficult, confrontational or worrying space for people to negotiate. Many people feel deeply ambivalent about their sessions, with psychotherapists being the brunt of jokes, speculation or derision in popular entertainment (Robbins, 1999). Psychology, the profession dedicated to address these issues, appears to remain the 'stepsister' of the medical or healing professions when compared to other professions or popular literature.

The concept of ambivalence has also been discussed by post-modern therapists who believe that people desire change but that they are bound by contextual elements which impede the change process. Contextual difficulties relate to the relationship and the beliefs which people hold when entering the psychotherapy context. These variables often prevent full engagement with the psychotherapy process (Engle & Arkowitz, 2006; Owen, 1993; Robbins, 1999). It would seem that this links to aspects in the systems surrounding the individual's and the therapist's immediate frame of reference. Ambivalent beliefs often contribute to therapists' dilemmas (Fourie, 2003).

Consumerism - The therapist's dilemma

Every therapist faces similar dilemmas of how to bring about change and difference into clients' lives without disempowering or fostering dependency (Anolli, 1986; Coltart, 1993). The therapeutic experience should remain fulfilling for both therapist and client, while meeting the demands of the client in line with any other business providing a service. The challenges related to this include fulfilling expectations of specific outcomes within a short time frame, while people view monetary exchange as insurance of a good outcome (Stivers, 1994). Theories are often not applicable when trying to fulfil client expectations in a consumer world.

In Western culture the value to consume is often considered to be 'superior' to other values, defining people as 'successful' due to their ability to consume. To consume is defined as "to waste, squander; to use up, esp. to eat up, to drink up; to take up, spend, waste(time); to waste away; or to destroy" (Collins Gem English Dictionary, 1981, p.109).

It appears that Western civilization often does not see the relevance of distinguishing or punctuating 'existential meaning', instead choosing to punctuate 'having, owning and wanting' as a core defining quality of human existence (Shah, 2006). By focusing solely on the pursuit of wealth and consumption, society has become entrenched in material values, often feeling more disempowered by this than empowered. Morality is constantly questioned and swamped by this rising tide of consumerism.

The consumer world, along with a society primarily driven by scientific values and logic seems to have sprouted many forms of therapeutic interventions mostly focusing on deliverables. From these the American emphasis on Managed Care can be seen. These further add to the public's perception of psychotherapy as a consumable product (Stivers, 1994). This relates to people complaining about being disappointed in psychotherapy, while psychotherapists struggle with burnout in an attempt to satisfy demands.

Despite controversy and disappointment, psychotherapy has aimed to fill a void in people's lives, attempting to answer essential questions of survival (Viljoen, 2004). Expanding on these attempts to offer a more integrated and appropriate psychotherapy may serve to bridge the gaps between societal expectations and the profession, improving health services in general.

Implications and contribution of this study

This study proposes exploring and expanding on the existing knowledge of the variables and contextual factors influencing psychotherapeutic effectiveness. It is also important to understand how these contextual elements reciprocally impact on the position of psychotherapy in society. Such an exploration would encourage a more 'open' social discourse concerning the role of psychotherapy and of the psychotherapist in society. Through this, societal beliefs regarding the role of psychologists and the responsibility of the health care system could be challenged and examined. This would extend beyond the boundaries of the psychotherapy room, possibly impacting on social processes and dialogue on a larger scale.

By furthering the discussion concerning the role and nature of the profession, predominant constructs in peoples' language surrounding psychology could also be challenged. This would include fears, social judgments and discrimination as well as other public perceptions regarding psychology. Challenging these constructs could also radically confront entrenched ideas that psychotherapy is for weak minded, less capable or insane people. A more supportive social dialogue could provide additional resources and play a role in the prevention of therapist burnout, providing a more fulfilling career for psychologist. Inevitably this will result in more effective psychotherapy. Psychotherapists could thus benefit from this, by redefining their role and preventing myopic views in the profession through expanding their awareness to an ecosystemic level.

To grow into new areas, psychotherapy needs to challenge rigid social concepts about emotional well-being (Viljoen, 2004). It is important to consider the influence of the various social discourses of psychotherapy as this could also

highlight therapists' ethical positions in this discourse. The role of the media regarding ethics and social discourse is also an important and relevant influence.

The continuing evolution of the science and art of psychology is important to keep abreast of society's changing needs. This ensures that psychotherapy moves away from the peripheral position it has occupied in the past to embrace an integrated position of an accepted profession, with respected treatment modalities while fulfilling public needs.

There are many possible longer-term implications of such a socially collaborative exercise which could be beneficial to psychotherapists and to society (Morrisette, 2001). Investigating and understanding the impact of various elements influencing psychotherapy could facilitate a more effective and relevant psychotherapy. In gaining understanding, psychotherapists may be able to grow their contribution to humanity and the general value of psychotherapy. This study proposes the continuation if not the beginning of such a dialogue.

Chapter description

It would be beneficial to the reader to have a brief description of the chapter layout of this study. This description is mapped so as to delineate the links between chapters.

Chapter 2 provides a context for this study, based on the research literature already done concerning psychotherapeutic effectivity. The literature review covers the research which has been conducted over the past decades concerning the different variables related to psychotherapeutic effectivity. The research also explores contextual and associated variables and the impact that they have on psychotherapy outcomes. Ecosystemic factors which could possibly impact psychotherapeutic effectivity are also explored in this chapter.

Chapter 3 follows, with an in-depth discussion of the different theories and schools of thought which have influenced the researcher. In addition to this, the chapter provides the theoretical basis and epistemology for the study, i.e. the lens through

which the study was approached. The theory covered in this chapter encompasses the ecosystemic approach as well as social constructionism, cybernetics and post-modern thinking, all of which are fundamental to this study. The concepts of multiple realities, construction of meaning, as well as the integral role of language and dialogue are further included as departure points for the research.

Chapter 4 discusses the research methods and concepts underlying the research process. This considers the qualitative research process and outlines the dynamics of case study research and collaborative research designs. The case study and the conversations with colleagues which follow in later chapters are approached from a post-modern stance. This perspective emphasizes the holistic nature of the person and the system and outlines the evolutionary approach of qualitative research.

Chapter 5 explores the role of the therapist and client relationship and how this influences the psychotherapy process. Specific variables influencing this relationship are discussed, i.e. therapist characteristics and client needs. The importance and facilitation of this relationship for improved psychotherapeutic effectivity is explored and emphasized.

Chapter 6 considers the importance and role of language and dialogue in defining society, reality and psychotherapy. Language is a binding, common human denominator that influences all experiences. The role of language is therefore explored as it is integral in the construction of definitions and meaning affecting psychotherapeutic effectivity.

Chapter 7 extends the language discussion into the realm of social discourse and the importance of discourse in daily reality. This considers the dominant social discourses which define modern culture and society and in which language is embedded, as well as how these influence psychotherapy. The conflicts and conjunctions between these different discourses are factors potentially opposing or supporting psychotherapy and its outcomes.

Chapter 8 presents a psychotherapy case study as an illustration of the contextual variables and social discourses emerging in psychotherapy. The development of relevant, emergent themes is tracked, focusing on the defining social, language

and therapeutic factors which influence change within the individual's definitions of meaning in the psychotherapy process. This chapter attempts to reflect the important themes from the previous chapters linking them to language, dialogue and social discourse. This highlights the connection between these aspects and the individual's process in psychotherapy.

Chapter 9 extends the discussion across a group of psychotherapy practitioners through informal conversations discussing the field of psychotherapy. From the conversations with colleagues, a description and understanding of the dominant social discourses and their impact on psychotherapy is considered. How these discourses and social perceptions influence psychotherapists individually and the future of the profession is also considered and explored in these conversations.

In conclusion, Chapter 10 links and connects the themes from the previous chapters, discussing the trends which emerged in the study as well as the broader spectrum implications of these. Ethical implications for psychotherapists are also discussed along with a brief description of South African social discourse and the psychotherapy context. Recommendations are made as to how emerging issues in society and in the profession could be addressed.

Conclusion

This research process is by no means a finite one. The defining marker points at which certain discussions are summarized or closed are pause moments which are meaningful to the researcher in the context of this particular research. These closure points may, however, be arbitrary to a different researcher or reader, as the dialogue around this study is an open-ended evolutionary and emerging dialogue. The distinction of different systemic levels or descriptions is not finite or exclusive and is the researcher's interpretation of the phenomena. This work is therefore not a statement of ultimate truth, but a beginning point in the process of a dialogue concerning psychotherapeutic effectiveness.

In a balance between the world of medical science, philosophy, anthropology, sociology and spirituality, many dialogues continue concerning the use, relevance

and effectivity of psychotherapy. This continuation is aimed at challenging comfort zones and accepted definitions and ideas of psychotherapy as well as social perceptions of psychotherapeutic effectivity. It also calls for expanding dialogues of greater social collaboration, discussion and meaning. Psychotherapists have to extend their boundaries beyond the usual or accepted domains in society, in order to ensure a relevant and useful science and service to the community which is also able to challenge the current deficit dominant social discourses.

CHAPTER 2

PSYCHOTHERAPEUTIC EFFECTIVITY

It is the glorious privilege of researchers to know that they are on the track of knowing everything. It is the humble gloom of the practitioner to know that nearly everything remains uncertain and paradoxical.

(Hinshelwood, 1984, p167).

Introduction

In an attempt to understand the factors that influence psychotherapeutic efficacy and effectiveness, it is necessary to look further afield at studies and research concerning this topic. Understanding previous research provides a platform for this study, and assists with avoiding duplication in further research. A brief literature study potentially enriches the reader's understanding of the departure point of this study.

Over the past decades many studies have been done on the efficacy of psychotherapy, with different schools of thought proposing contradictory answers to questions of psychotherapeutic effectiveness (Hubble et al., 1999). The most basic questions concerning the effectivity of psychotherapy have been posed since the 1960s. With the emergence of the possibility of insurance reimbursement for psychotherapy during the 1960s and 1970s, urgency arose in attempts to prove psychotherapeutic efficacy through outcomes based research. The possibility of omitting psychotherapy from medical insurance coverage due to its apparent expenses and uncertain outcomes or benefits, played an important role in the expanding research (Chung & Bernak, 2002).

Different research has proposed a variety of factors and variables which shed light on the potential influences which could facilitate effective change in psychotherapy.

In order to make sense of the contradictory findings in the past research, this chapter is discussed according to categories which emerged and repeated in the research literature. These categories coincide with the different findings and are not categorized according to pure schools of thought or chronological order.

Recurring themes

The recurring themes can be categorized as follows:

- A substantial number of authors have written about efficacy of psychotherapy in general, i.e. stating that psychotherapy is most certainly effective, and works significantly better than no intervention at all (Smith & Glass, 1977; Smith, Glass & Miller, 1980; Wampold, 2001).
- The research has also compared psychotherapy treatments to drug trials in order to ascertain if psychotherapy is effective when compared to drug usage. The overwhelming results of the research favour psychotherapy or state equivalent effectivity, or that a combination of therapies is preferable (Erbaugh, 1995; Weissman, 1974).
- Once efficacy was established, the research became more focused on which type of therapy or technique would be more effective. Certain research findings suggested equality between outcomes of all types of psychotherapy, while other studies favoured a specific approach as more successful or beneficial than any other (Hunsley & Di Giulio, 2002; Luborsky, Singer & Luborsky, 1975).
- Therapist and client variables, including the therapeutic relationship or alliance have also been studied to determine the impact that these have on effectivity. More recent studies claim that these factors are the most significant in terms of effectivity and outcome (Miller et al., 1997).
- Recent studies have also focused on a combination of socio-contextual variables which could impact psychotherapeutic effectivity. These include the person's immediate sphere of influence such as socio-economic factors and personal attitude regarding psychotherapy. These factors are often considered to be the most accurate indicators of

change. Attention is also paid to social factors outside of the person's direct control (Wampold, 2001).

These themes will be examined in greater depth in the following sections.

The question of psychotherapeutic effectivity

During the 1970s, a significant series of sophisticated analyses was conducted on previous research of clinical therapy outcomes (Chung & Bernak, 2002). This analysis was done by Smith and Glass (1977) who reanalyzed the data of 375 controlled evaluations of psychotherapy that had been conducted up to that date. The results of the evaluations of psychotherapy and counselling were coded and integrated statistically to determine the efficacy of psychotherapy. The findings provided convincing evidence of the efficacy of psychotherapy, suggesting that on average the condition of the typical psychotherapy patient was better than 75-77% of untreated controls measured at the time. The rate of patient relapse within the first two years was found to be small.

Smith and Glass (1977) concluded that psychotherapy worked better than any variety of the available alternatives at the time, including no-treatment at all or being on a waiting list for psychotherapy. At the time Smith and Glass claimed that little significant difference in psychotherapeutic effectivity could be established among specifically different types of psychotherapy. Although some techniques seemed to work slightly better than others, they still maintained that the differences were statistically insignificant.

Of the minor differences, the psychodynamic and cognitive-behavioural approaches seemed more significant and brought about minor change as described by the researchers. In general, the verbal therapies appeared to be marginally superior to the other therapies. Otherwise, virtually no difference in effectivity was observed between the classes of behavioural therapies (e.g., systematic desensitization and behaviour modification) and the non-behavioural therapies (e.g., Rogerian, psychodynamic, rational-emotive, and transactional analysis).

The relationship between the severity of illness and choice of therapy remained unknown (Smith & Glass, 1977).

Further work by Smith et al. (1980) was undertaken on the benefits of psychotherapy. The data of Smith et al. (1980) on the benefits of psychotherapy was considered to be 'groundbreaking' work in terms of efficacy of psychotherapy. The Smith et al. (1980) analysis of 475 controlled studies used patients who were only seeking treatment for what they classed as phobias and neuroses (anxiety disorders), true phobias and emotional-somatic complaints. They used statistical meta-analytic techniques to integrate the results of the controlled trials. These results reflected that psychotherapy was more effective than no psychotherapy.

Andrews and Harvey (1981) re-examined the Smith et al. (1980) findings and agreed with their findings. Some researchers dismissed the findings of Smith et al. (1980) and the analysis of the 475 studies which concludes that psychotherapy of all kinds is generally more effective than no treatment at all. The study is disregarded by these researchers primarily on the basis that it pre-dated the Beck et al. Manual and the DSM-III (Garfield, 1994). Wampold (2001) claims that this dismissal is a mistake and reconfirms the findings of the Smith et al. study. Elliot (1998) and Greenberg (1997) also re-confirm these findings in summaries of their meta-analyses.

Tramontana (1981) provided an analysis of psychotherapeutic effectiveness in a study that was connected to adolescent psychotherapy. He describes and critically evaluates a collection of studies done on individual, group, and family therapies that were published between 1967 and 1977. Although certain methodological deficiencies were reported in the studies, the greater weight of available evidence pointed toward the superiority of psychotherapy above no-therapy conditions. The median rate of positive outcomes with psychotherapy was found to be approximately 75% compared with a rate of 39% of positive outcomes for patients without psychotherapy. However, not much is presently known regarding the effects of specific patient, therapist, and process variables on adolescent therapy outcomes (Banta & Saxe, 1983).

Chadwell and Howell (1979) hypothesized about the efficacy of outpatient psychotherapy in a mental health centre. The effectivity of the psychotherapy in the centre was estimated to result in an improvement rate of 65% or more in patients undergoing treatment. An analysis of 201 follow-up questionnaires completed by adult outpatients undergoing psychotherapy at different periods during 1967 and 1970 supported this hypothesis. The latter consisted of a five-year follow-up questionnaire which provided evidence for external validity in the form of a correlation between the original improvement rate and the subsequent need for outpatient treatment and inpatient treatment. The results of this study were interpreted as significant evidence for the efficacy of psychotherapy as well as the validity of the self-report method of measuring patient improvement.

Manos and Vasilopoulou (1984) found psychotherapy to be more effective than no psychotherapy at all. They examined the outcome of psychoanalytically oriented psychotherapy that was administered to 50 15-54 year olds who presented with a variety of symptoms. The relevant diagnoses included personality disorders, anxiety and somatoform disorders, psychotic disorders, psychosexual disorders, and bulimia. Findings showed that subjects who underwent psychotherapy improved significantly more than controls who underwent no psychotherapy treatment at all.

A study by Howard, Kopta, Krause and Orlinsky (1986) lends further support to the psychotherapeutic efficacy claim. Howard et al. hypothesized and confirmed that eight sessions of psychotherapy would show a significant improvement in most patients in a clinical environment. They found that by eight sessions approximately 50% of patients were measurably improved, and approximately 75% were improved by 26 sessions as reported by the patients and a clinical assessment by the psychotherapist. No specific type of psychotherapy was used in this study. Further analyses showed differential responsiveness for different diagnostic groups and for different outcome criteria.

The efficacy of psychotherapy compared to interventions using medication, has also been researched.

Efficacy of psychotherapy versus pharmacology

Of the many alternative approaches available for treating various mental conditions, none have been more thoroughly researched than those for depression. Erbaugh (1995) reviewed numerous studies which clearly demonstrated the benefits of psychotherapy for depression. Meta-analyses done on such data showed that numerous forms of depression-specific psychotherapies compared favourably with antidepressant drug therapy in terms of effectivity (Erbaugh, 1995). Findings which indicated substantial and lasting benefits of a range of psychotherapeutic strategies, suggest that better quality of care may be achieved when timely referrals to psychotherapists are incorporated into client treatment plans. It has also been found that psychotherapy reduces residual psychosocial impairment, improves psychosocial functioning and prevents depression relapse.

Erbaugh's (1995) review of the Depression Guideline Panel's meta-analyses of different studies have revealed efficacy rates of about 50% for initial intervention with pharmacotherapy alone or psychotherapy alone. Only modest gains are reported when both approaches are used in combination. This poses the new question then, whether the efforts of clinicians and healthcare managers may be more productively spent when they address *how* and *when* to use psychotherapy rather than *whether at all*. When compared with pharmacotherapy, psychotherapy appears to result in longer-lasting benefits and maintenance of a higher quality of psychosocial adjustment (Erbaugh, 1995). Although the risk of relapse or recurrence of depression is significant with either medication or psychotherapy, the interval between cessation of active treatment and subsequent episodes of depression appears to be lengthened after psychotherapeutic intervention (Erbaugh, 1995).

The personal, social, and economic costs and impairment in function caused by untreated or inadequately treated depression have tremendous and widespread effects. This impact can most effectively be controlled through integrated interdisciplinary approaches that offer patients the combined benefits of medications and psychosocial treatments of known and demonstrated efficacy, including psychotherapy (Erbaugh, 1995).

Drug therapy was also included in the Smith et al. (1980) applied meta-analysis of psychotherapeutic effectivity. The meta-analysis included 475 studies looking at efficacy of psychotherapy, with 112 of the studies looking at the comparative effects of psychotherapy; this included psychoactive drug treatment. Meta-analysis showed that psychotherapy is effective in enhancing psychological well-being, regardless of the way it is measured by researchers. The patient's age and diagnosis, the therapist's training and experience, and the duration and mode of therapy seemed to bear little relation to psychotherapy outcome. Drug therapy, while combining well with psychotherapy, was not more effective than psychotherapy alone (Smith, 1982; Smith et al., 1980).

Weissman et al. (1974) examined the effects of maintenance treatment on social adjustment in 150 25-60 year old female depressed outpatients randomly assigned to eight months of amitriptyline hydrochloride, a placebo, or no medication, with or without psychotherapy. The Paykel, Prusoff and Uhlenhuth 'Social Adjustment Scale' of 1971 was used as a measure for change. Results for the 106 patients who completed the trial showed a significant effect for psychotherapy, apparent after only six to eight weeks of treatment. Psychotherapy improved overall adjustment, work performance, and communication, and reduced arguments and anxious rumination. There seemed to be no effect on the patients' social adjustment using amitriptyline. The results appear to support the value of weekly maintenance psychotherapy in recovering depressives. While the amitriptyline seemed to reduce relapse and prevented symptom return, and the psychotherapy enhanced social adjustment, the evidence supported a combined treatment approach (Weissman, 1974).

It appears from early claims of psychotherapeutic efficacy studies and outcomes that the efficacy hypothesis is supported in the research and in the literature. Psychotherapy is indeed effective, rather than merely another 'placebo' intervention. With the establishment of the efficacy of psychotherapy, the research studies began to focus on specific variables contributing to the effectiveness of psychotherapy, and whether different therapies or techniques were more effective than others. This line of questioning led to the debate between the 'equality' of all therapies versus the 'superiority' of certain therapies.

Equality of all therapies

Certain studies argued that all techniques are equal and that no one specific method is significantly better or more effective than another. In one such study by Shapiro, Sank, Shaffer and Donovan (1982) 44 outpatient enrollees of a Health Maintenance Organization (HMO) were randomly assigned to one of three treatment modalities. These treatment modalities included the following:

- (1) A cognitive-behavioural therapy group,
- (2) A traditional process-oriented interpersonal group, and
- (3) Cognitive-behavioural therapy in an individual format.

All participants were referred by their physicians for treatment of anxiety and/or depression.

The instruments used to assess depression and anxiety included the Beck Depression Inventory, the State-Trait Anxiety Inventory, and the Adult Self-Expression Scale (an assertion measure). All three experimental groups significantly improved on all dependent measures from pre- to post-treatment with no differential treatment effects being found (Shapiro et al., 1982).

Work on psychotherapeutic efficacy and equality also came from Luborsky et al., (1975). They focused specifically on the equality of different psychotherapies arguing that all psychotherapy methods are ultimately equally effective. Luborsky et al. (1975) dubbed their work 'The dodo bird effect' based on the idea of equality from Alice in Wonderland, where Alice holds a rather disorganized race in Wonderland. All the animals win the race as they run in different directions and no winner can be established. Luborsky et al. (1975) also did a review of comparative studies of psychotherapy through which they reached their conclusion of equivalence of efficacy of all psychotherapies.

In the years following the work of Luborsky et al. (1975) and Smith and Glass (1977), a mini-industry seemed to spring up primarily related to reanalyzing these works and expanding on them (Andrews & Harvey, 1981; Brown, 1987; Smith,

1982). One of the key issues covered in these research studies was the concern with which type of psychotherapy worked best. The general conclusion of these analyses was that Smith and Glass's (1977) original findings were mostly supported, i.e. that there is little difference among the most developed forms of psychotherapy (Wampold, 2001).

Based on hundreds of randomized trials over the past 40 years, the clear indication is that psychotherapy is generally effective in alleviating the distress and dysfunction associated with a wide range of aversive psychological conditions (Lipsey & Wilson, 1993; Smith et al., 1980). Although it is important to know this fact for both professional and public-health reasons such a treatment is relatively unenlightening, for it is akin to saying that surgery works or that antibiotics are effective. What it does reveal is that there is merit in training individuals to provide psychotherapeutic services, and that psychotherapy treatments can be expected to help people who are experiencing psychological difficulties.

For most health professionals this would seem to raise the questions of:

1. Which factors make psychotherapy effective and,
2. Understanding which symptoms, diagnoses, disorders, problems or concerns are successfully treated through psychotherapy.

Even as efforts continue to establish evidence-based psychotherapeutic practices worldwide, a substantial number of informed psychotherapy researchers and clinicians consistently and confidently proclaim that there is no convincing evidence that different treatments are differentially effective (Andrews, 2000; Chambless & Ollendick, 2001; Hunsley & Johnston, 2000; Roth & Fonagy, 2004; Schulte & Hahlweg, 2000). Frequent claims are made that the majority of evidence demonstrates the equivalence of all psychotherapies (Lambert & Bergin, 1994; Weinberger, 1995).

No psychotherapy equivalence

As seen from the research studies over the past decades, numerous claims have been made about the general equivalence of all forms of psychotherapy. Extensive meta-analyses have been published that bear evidence on the question of psychotherapeutic equivalence, often referred to as 'the dodo bird' verdict from the Luborsky et al. (1975) study. Hunsley and Di Giulio (2002) critically reviewed the meta-analytic work most relevant to the question of psychotherapeutic equivalence. They believe that there is overwhelming evidence that the 'dodo bird verdict' is incorrect; firmly asserting that with few exceptions all meta-analytic evidence points to substantial differences among psychological treatments. This is especially so when comparing cognitive-behavioural treatments to other forms of therapy.

They further refute the claim that any treatment provided by a psychotherapist, regardless of the nature of the client's problem or life context is likely to be as effective as any other possible treatment, because of the limited range of treatments that have been tested to date. According to Hunsley and Di Giulio (2002) making such a claim would be tantamount to suggesting that because cognitive-therapy has been found to be efficacious in treating depression, any treatment a therapist provides for depression, be it TA, Jungian analyses or any other, would also be efficacious.

Hunsley and Di Giulio (2002) refer to the Smith et al. (1980) meta-analysis where they state that clear evidence for significant differences among the effects of different 'subclasses' of therapy were found. They found that cognitive and cognitive-behavioural treatments had the largest effect sizes followed by behavioural and psychodynamic treatments; humanistic treatments and finally developmental treatments followed. They claim that at the general level there was clear evidence that these subclasses were far from equivalent. The implication of this argument is that the strongest evidence for the 'dodo bird effect' is based mostly on a classification error where people compared the verbal class of therapies to the behavioural class of therapies and not to the correct subdivisions. Chung and Bernak (2002) also claim that even with the classification error

described, behavioural treatments were significantly superior to the verbal treatments.

In conclusion Hunsley and Di Giulio (2002) claim that the influential meta-analysis published by Smith et al. (1980) yielded numerous results that also do not support a verdict of psychotherapy equivalence. Whether examined by psychotherapy subclasses or by client conditions within therapy subclasses, clear differences among treatment effects were evident. They state that only by first (mis)classifying cognitive therapies with psychodynamic and humanistic therapies, and then statistically adjusting for supposed measurement problems did the results suggest equivalence across all forms of psychotherapy. This classification problem was according to them, related directly to the distinctions drawn among the different therapies regarding what should be assessed in treatment.

Shadish, Matt, Navarro and Phillips (2000) also concurred with the analyses of differential treatments when they analyzed the Smith et al. (1980) findings. Shadish et al. (2000) found that in all of the meta-analyses they reviewed, the weight of evidence was clearly and consistently on the side of differential treatment effects. When measurement quality was controlled for, and when treatments were appropriately categorized, there was consistent evidence in both treatment outcome and comparative treatment research that cognitive and behavioural treatments were superior to the other treatments for a wide range of conditions, in both adult and child samples (Shadish et al., 2000).

In order to gain a clearer understanding of these differences in technique a brief description is given of the different techniques as studied by Shadish et al. (2000).

Specific and preferred effective approaches

Four psychotherapeutic approaches have specifically been highlighted in the research as being the most effective types of psychotherapy above all other treatment approaches. Shadish et al. (2000) have reported that these therapies have demonstrated outcomes and benefits with highly valuable effects, specifically as related to the treatment of depression. Many experienced psychotherapists use an eclectic approach combining these various techniques in individual

psychotherapy. Although the integrated-eclectic approach used by many clinical therapists does not in actual fact afford the same clarity that outcome research programmes do, it does add to the benefit of clinical wisdom and expertise in the field. This is important as it represents the practitioner side of the scientific investigation. A description of these four areas as provided by Shadish et al. (2000) in relation to the treatment of depression is offered.

Cognitive-Behavioural Therapy

The goal of cognitive-behavioural therapy is generally recognized to be alleviation of depressive symptoms and prevention of their recurrence by helping clients/patients to do the following:

- To identify, test, and reshape negative cognitions about themselves, the world, and the future.
- To develop new and more flexible cognitive patterns or schema that are alternatives to the 'depressive's' way of viewing life experiences.
- To rehearse new cognitive and behavioural responses.

Interpersonal Psychotherapy

In interpersonal psychotherapy, depression is defined as a disorder that 'happens' to the patient which requires treatment. The patient can then assume the 'sick role' with little concern for assigning blame to self or to significant others.

Interpersonal therapy focuses on improving current social functioning in four problem areas:

- Grief reactions to 'exit events', losses, and bereavement, which are treated by facilitating grief work and encouraging the client to compensate for losses by engaging in other relationships.
- Interpersonal role disputes and conflicts with significant others, which are treated by strategies for resolving disputes or facilitating the process of ending negative relationships.

- Role transitions and changes that add stress and threaten self-esteem, which are treated by helping the client develop a sense of mastery in new roles.
- Interpersonal deficits reflected in the client's history and current circumstances involving inadequate or unsatisfying relationships. These are treated by strategies to reduce social isolation by building the social skills and opportunities needed to develop and maintain supportive relationships.

The effectivity of depression-specific psychotherapy can be enhanced by medical-psychotherapeutic collaboration. The use of guided self-directed change efforts, such as marital or family therapy, and participation in therapy groups adds significantly to progress. A coordinated programme of care combining the benefits of pharmacologic and psychosocial interventions, and drawing on the expertise of physicians and psychotherapists is recommended for the treatment of depression.

Behavioural Therapies

Behavioural approaches to treating depression include social learning therapy, self-control therapy, social skills training, and multimodal therapies. All these therapies make use of the following techniques:

- Self-monitoring and self-evaluation of mood and activity.
- Scheduled increases in levels of general, social, and pleasurable activity and behavioural productivity.
- Decrease in or management of aversive events.
- Development of self-reinforcement patterns.
- Cognitive skills training to modify self-statements and attributions and to improve cognitive self-control, problem-solving and decision-making skills, and time management.
- Relaxation and mental imagery training to encourage active stress management by development of positive coping and mastery images.
- Assertiveness training, improvement of communication skills, and role play to enhance social skills and interpersonal effectiveness.

Short-term and Psychoanalytic Therapies

These therapies are not narrowly focused on symptoms of depression, and their efficacy rates are somewhat less definite than those achieved with symptom-specific therapies. They tend to organize brief interventions around the selection of a specific dynamic focus (usually an interpersonal problem) with links to core conflicts that often originated earlier in life. The current conflict is used as a focus, or 'microcosm', for addressing negative patterns in the patient's life.

Other developments in terms of several specific therapies that evolved to address the symptoms and features of depression have produced benefits superior to those provided by nonspecific psychotherapies. These approaches tend to be highly structured and are often presented in a 'treatment manual' format. They are also usually directive, time-limited and focus on identified, current target symptoms, rather than on past issues. They also steer away from personality, character, and early-life relationships and do not follow traditional routes. Rather, each assumes a base of general clinical and therapeutic training and experience on the part of the therapist. A positive client-therapist alliance is aimed for through the use of nonspecific elements of empathy. This would include non-possessive warmth, concern, and optimism regarding the patient's capacity to apply personal resources to his or her own benefit (Blatt, Sanislow, Zuroff & Pilkonis, 1996). Several of the specific psychotherapy approaches for depression readily lend themselves to use in therapy groups. Group interventions can also provide support for patients whose depression is associated with such psychosocial stresses as concurrent medical illness, grief, and loss (Bozarth, 1998). Some of these aspects begin to overlap with the general ideals of post-modern thought.

Effective 'behavioural' psychotherapy

Casey and Berman (1985) examined 75 studies published between 1952 and 1983, in which children who received psychotherapy were compared with controls or children who were receiving another form of treatment. Only those studies using subjects (Ss) younger than a mean age of 13 years at the time of treatment were included. Exceptions to the age limitation were made only if separate

analyses for younger children were reported, or if individual data from older Ss could be eliminated. The results showed that therapy with children was similar in effectivity to therapy with adults. Treated children achieved outcomes about two-thirds of a standard deviation higher than untreated children.

Although behavioural treatments appeared to be more effective than non-behavioural treatments, this apparent superiority was due largely to the types of outcome and target problems included in behavioural studies. No differences in outcomes were found to result from other treatment characteristics such as the use of play in therapy or the administration of treatment individually or in groups. The evidence suggests that previous doubts about the overall efficacy of behavioural psychotherapy with children can be laid to rest (Casey & Berman, 1985).

Ginsberg, Marks and Waters (1984) conducted a randomized, controlled trial in which 92 patients in primary care, (mainly phobic and obsessive-compulsive patients) were assigned to behavioural psychotherapy from a nurse therapist (NT) or to routine care from their general practitioner (GP). 29 Patients remained in the nurse therapist group and 37 in the general practitioner group after one year. An economic questionnaire was returned by 22 NT patients and 28 GP patients. At the end of one year, the clinical outcome was significantly better in the patients cared for by the nurse therapist. The economic outcome at one year post-treatment, compared with the year before entering the trial, showed a slight decrease in the use of resources by the NT group. The GP-treated group showed an increase in resource usage that mainly appeared due to the latter's increased absence from work and greater need for hospital treatment and drugs. It would appear that patients treated with behavioural therapy by the nurse maintained their gains for two years. The economic benefit from this treatment therefore suggests that the cost of this treatment is justified. It was suggested, however, that conclusions should be tempered with caution (Ginsberg et al., 1984). The move toward recognizing cognitive-behavioural therapies has integrated psychodynamic components with techniques of behaviour therapies.

The most important development is seen to be the increasing overlap between therapy practice and the basic research areas of psychology. Clinical practice may

represent the best empirical knowledge in the study of cognition, emotion, personality, and social psychology as yet (Banta & Saxe, 1983).

However, some of the most convincing evidence for specific variables influencing psychotherapeutic effectivity came from the empathy related work.

Efficacy of empathy

The empathy based research seems to have begun with the work of Truax and Mitchell (1971). This research was named the 'Arkansas project' and took place in the late 1960s and 1970s, under the guidance of Charles Truax and Kevin Mitchell. Their study entailed the examination of the "necessary and sufficient conditions" (as proposed by Carl Rogers in 1957) of highly trained and experienced psychotherapists, as well as a separate project of rehabilitation counsellors (Mitchell, Bozarth & Krauft, 1977). This is also primarily linked to Rogers' (1975) hypothesis which postulates that if there is a reasonable relationship of 'caring', 'acceptance' or 'unconditionality' perceived by the client from the therapist, significant improvement will take place.

Carl Rogers (1986) states the following as his 'central hypothesis':

"The individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes, and self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided" (p. 135).

Truax and Mitchell (1971) presented 14 studies (eight of these were of individual therapy) consisting of 992 subjects, identifying 125 specific outcome measures that favoured the hypothesis that empathy is the primary agent of change and success in psychotherapy. What was found from this research was that few therapists or counsellors actually operated at high levels of empathy during their sessions. High levels of empathy or unconditional positive regard were found to

be lacking with only moderate levels of empathy being reported by clients or patients.

They further report an analysis of the long term effects of higher and lower levels of empathy, warmth and genuineness experienced by the clients of the Wisconsin Project with hospitalized psychotics. Their data over nine years indicated that patients seen by therapists who were rated as low on the conditions of empathy and unconditional regard tended not to get out of the hospital, and that clients of these same therapists who did get discharged to return to hospital more frequently (Truax & Mitchell, 1971).

Emotional congruence levels that were perceived to be at even moderate levels in the therapy sessions appeared to be related to multiple client improvements. The Rogerian hypotheses seemed to be overtly manifesting in their study. Later examination confirmed that there were few therapists with high levels of empathy and emotional congruency in the study samples. Client improvements were correlated with the therapists being reasonably 'real' individuals within the therapeutic relationship.

Therapists who were found to score higher on the Rogerian conditions were found to be significantly related to positive therapeutic outcomes, while therapists who were lower on these conditions were significantly related to client deterioration. Several reviewers pointed to the adverse effects of some therapists. Truax and Carkhuff (1967) concluded their research review with the statement that psychotherapy was "for better or for worse" (p.143) in the sense that it appears to be the therapist that determines to a greater or lesser extent how successful the psychotherapy will be and how comfortable the client will be. The review by Truax and Mitchell (1971) included a call for a decrease in the number of therapists who were detrimental practitioners to their clients. The highly negative effects of some therapists who are disinterested and disengaged from their clients were also highlighted (Asay & Lambert, 1999; Lambert, 1992). Lambert, Shapiro and Bergin (1986) also found evidence to support the position that psychotherapy is influenced for better or for worse, depending on the therapist's approach and attitude to the psychotherapy. This indicates that some therapists may be detrimental to the client as reflected in the outcome of the data. This research

suggests that therapists who are low on attitudinal conditions such as warmth, congruency and empathy are in essence detrimental to their clients (Sexton & Whiston, 1994).

The work of Carkhuff (1969, 1971) and Truax (Truax & Carkhuff, 1967; Truax & Mitchell, 1971) became the forerunner for the models of 'human relations training' and 'interpersonal skills training' used by Cormier and Cormier (1991), Egan (1975) and others. After the middle 1980s, the Rogerian hypothesis was further investigated by outcome studies which again emphasized therapist empathy. These studies included a study of therapists' variables that found emotional adjustment, relationship attitudes and empathy to be the most predictive variables for effective psychotherapists (Lafferty, Beutler, & Crago, 1989; Sexton & Whiston, 1994).

In other studies, successful outcomes were linked to therapeutic constructions such as understanding and involvement (Gaston & Marmar, 1994), warmth and friendliness (Gomes-Schwartz, 1978) and other similar constructs (Bachelor, 1991; Gaston 1991; Windholtz & Silbershatz, 1988). Empathy was also strongly related to improvement for depressed clients who were being treated by cognitive-behavioural therapy (Burns & Nolen-Hoeksema, 1992).

A series of studies in Germany orchestrated by Reinhard Tausch and colleagues (1990) as well as other studies in Europe provide additional support for Rogers' (1975) hypothesis of the necessary and sufficient conditions for therapeutic change. Orlinsky and Howard (1986) concluded their review of the research on the attitudinal conditions, by stating that generally 50% to 80% of the studies related to these conditions were significantly positive. They emphasized that these dimensions were consistently related to patient outcome. Lambert et al., (1986), also concluded in their review of the research that the attitudinal qualities of the therapist appear to make up a significant portion of the effective ingredients of psychotherapy.

Another example of the importance of relationship variables was the study by the National Institute of Mental Health (NIMH) which was conducted to compare various treatments for depression (Blatt, Sanislow, Zuroff & Pilkonis, 1996). This

study compared the effects of the administration of a drug (imipramine) with cognitive behavioural therapy, and 'interpersonal ward management' as a placebo. Interpersonal ward management consisted of daily interactions with the nursing staff and a therapist who spent time talking to patients about ward management duties. There were no significant differences between the effects of the three active treatments. The best prediction of success at the end of any of the active treatments was whether the patient perceived the therapist or the nursing staff to be empathic at the end of the second interview.

The research literature indicates that empathy appears to be a core condition for providing effective psychotherapy and seems to transcend all other therapeutic variables or conditions (Gladstein, 1983; Hackney, 1978; Rogers, 1975, 1980; Truax & Mitchell, 1971). Empathy has been described as the therapist's ability to enter the client's world (Rogers, 1961), to feel with the client rather than to feel for the client (Capuzzi & Gross, 1999) and to think with the client rather than for or about the client. Ultimately, Rogers' necessary conditions for therapy are geared toward facilitating an atmosphere which enables the client and therapist to share in the process of healing.

Embracing the client's ecology

Miller et al. (1997) move a step beyond Rogers by outlining an approach which helps to assure that the therapist is aligned with the client's 'struggle'. They recognize that therapy also involves "extra-therapeutic factors" as well as "relationship factors", which need to be taken into account in order to create a therapeutic alliance (p. 87). This is an essential realization as it extends the focus on influential therapeutic variables to include broader contextual variables. As Miller et al. (1997) point out, therapy is "best understood as a collaborative process", and, therefore, they keep within the spirit of Rogers' "person-centered therapy" (p. 105). In therapy, the therapist 'struggles' alongside with the client, not by siding against the client's ambivalence, but by sharing and participating in the client's struggle.

These 'other' variables include the client's "motivational level of state of readiness for change". These stages of "readiness for change" span across a continuum

from a position where the client has no motivation to change, to a position in which the client's ambivalence is transformed into action to change (Miller et al., 1997, p. 104). Eventually, the client takes personal steps to maintain this change. The therapist also has to strive to understand and respect the client's goals for therapy. As Miller et al. (1997) describe:

"Treatment is both more effective and more efficient when the client's goals are accepted at face value without reformulation along doctrinal lines, and when these goals, in turn, determine the focus and the structure of the intervention process (p. 105)."

Miller et al. (1997) generally emphasize the client's view of the therapeutic relationship. They also view empathy as an 'attitude', i.e. the therapist's "thoughtful appreciation of what the client brings to therapy" (p. 112). This thinking is in line with Rogers' distinction between empathy and inclusion, which he stressed in his later writings. Inclusion recognizes that the therapist is always entering the therapeutic relationship 'as if' it were his/her own process. The emphasis on the 'as if' recognizes that empathy is never entirely accurate. The therapist always understands the other's world through a personal lens (Friedman, 1992). Similarly, Miller and colleagues point out that the most important thing is that the client is able to "perceive the therapist as trying, even struggling, to understand what they deem important and meaningful" (p. 112).

This is achieved when the therapist aims to do the following:

- 1) Respects the client's values above preferred theoretical perspectives.
- 2) Strives for genuineness by avoiding specific claims on reality.
- 3) Validates the client, and creates a 'collaborative' relationship with the client

Moreover, Miller et al. (1997) create an open space in which Rogers' and Buber's (in Friedman, 1985) concerns can be reconciled. The concerns are about validating and affirming the client. Through 'legitimizing' a client's concerns and acknowledging the significance of the problems, the client's ability "to withstand

and eventually overcome the problem”, is affirmed (Miller et al., 1997, p.117-118). Through this the client is accepted and confirmed.

Bozarth (1998) believes that clients find their own resources to heal and that this is merely prompted by the therapist-client relationship. “I came to believe that an atmosphere of freedom, a safe place for individuals to struggle, a place for individuals to be accepted as they are, were the main ingredients for growth” (p.160). Bozarth (1998) further speaks of mobilizing additional family resources for self-directed recovery and health maintenance efforts. The treatment process can be extended by means of self-help and independent reading which clients often embrace. Self-help efforts can serve as a useful metaphor and focal point for empowerment and countering feelings of helplessness and passivity. Family or marital therapy aimed at improving family functioning or reducing the risk of family dissolution may be a therapeutically or clinically appropriate component of psychotherapeutic programmes.

In a summary of all these findings, Stubbs and Bozarth (1994) concluded:

“Over four decades, the major thread in psychotherapy efficacy research is the presence of the therapist attitude as hypothesized by Rogers (p.120).”

Concomitant to Stubbs and Bozarth’s (1994) conclusion of psychotherapy outcome research, Duncan and Moynihan (1994) independently analyzed psychotherapy outcome research. Their report entitled “intentional utilization of the client’s frame of reference”, reviewed outcome research to develop a treatment model. This article was associated with an explosion of psychological literature that identified the common factors of relationship and client resources as the basis for most psychological improvement. They conclude that the major operational variable in effective psychotherapy is that of intentionally utilizing the client’s frame of reference.

This is one of the first references to a more post-modern approach appearing in the research, i.e. of respecting the client’s frame of reference and considering and utilizing resources external to the therapy setting (Duncan, Hubble & Miller, 1997; Hubble et al., 1999). The findings of five decades of psychotherapy outcome

research have confirmed and stated that the client-driven, person-centred paradigm seems to account for the majority of successes with clients (Ackerman & Hilsenroth, 2003; Wampold, 2001).

Conclusions which can be drawn from these bodies of research focus on and confirm the premise that the type of therapy and technique is largely irrelevant in terms of successful outcomes. These findings further emphasize that there is little evidence to support the position that there are specific treatments for particular disabilities (Ackerman & Hilsenroth, 2003; Wampold, 2001). The influence of 'treatment models' seems to pale significantly in comparison to the personal qualities of the individual therapist. The foundation of the mental health system stating that there are specific treatments for particular dysfunctions is considered by many of these findings to be a myth.

In reality, the variables related to therapeutic successes have to be emphasized, as they appear to relate to the therapist and the client's resources as well as the client's frame of reference more than to any other variable (Bozarth, 1998). The implications of this are enormous as it redirects the focus of research and practitioners to the actual therapeutic relationship. Ignorance of the importance of these variables could be detrimental to the sustainability of psychotherapy.

Bozarth (1999) observed that from 1987 to 1999 the investigations of specificity research ironically returned full cycle to the pervasive influence of common factors. The reviews of outcome research by various reviewers including the more recent specificity research reveal the following:

- Effective psychotherapy is predicated upon the relationship of the therapist and client in combination with the inner and external resources of the client common factors (Hubble et al., 1999)
- Type of therapy and technique seem to add little value to the effect of the relationship and client resources if not accompanied by common factors (Hubble et al., 1999).
- Relationship variables that are most often related to effectivity are the conditions of empathy, genuineness and unconditional positive regard (Bozarth, 1999; Patterson, 1984; Stubbs & Bozarth, 1994).

The most clear research evidence is that effective psychotherapy results from the resources of the client, chance factors related to the client (extra-therapeutic variables) and from the person to person relationship between the therapist and the client. As previously mentioned Duncan and Moynihan (1994) cite reviews of quantitative research that offer data to develop a model for clinical practice. Such findings suggest the utility of courting and utilizing the client's frame of reference in directing therapy (Lambert, 1992).

The research on the relationship between the client and the therapy outcome reviewed by Sexton and Whiston (1994) supports the conclusion "that there are significant individual differences among and within clients over time and that these individual differences account for the majority of the variance in counselling outcome" (p.58). The data increasingly points to "the active client" and the individuality of the client as the core of successful therapy (Bozarth, 1998, p.173).

This means that the practitioner should be dedicated to the self-authority and self-determination of the client (Ackerman & Hilsenroth, 2003; Bozarth, 1998; Bozarth & Brodley, 1991). This has implications for the ethical standards of psychotherapy, as psychotherapists need to consider different interpretations and relationship variables that are more client related, and possibly even different statements concerning ethical standards. Such revision does not suggest fewer ethical restraints, rather it suggests stronger ethical principles, and that more attention should be given to the nature and substance of professional relationships.

Van Belle (1990) also speaks about ethics. He challenges the idea that the client is helpless and that the therapist is powerful enough to coerce the client. A further important consideration is that in light of the financial contingencies surrounding conclusions about the effectiveness of psychotherapy, special care must be taken to ensure psychology's public stance. The value of the position of psychotherapy in society should be protected (Belden, Braukmann, & Wolf, 1985).

Ethics also extend to what constitutes effectivity. While 'modern' psychotherapies have often demonstrated a significant degree of effectivity in that they help clients

overcome their presenting symptoms, specifics of what constitutes effectivity are not always considered. Effectivity in psychotherapy includes several issues that are often neglected in research. The criteria for this should include whether the psychotherapy extends to the person's life outside of therapy. This includes the maintenance of therapeutic progress, that preventative psychotherapy is employed, as well as the minimization of harm to the client. It is contended that these aspects of psychotherapy are of profound importance to therapists and clients, and that such aspects should be consciously included as values in psychotherapy, clinical training and psychotherapy research (Ellis, 1980).

Private practice outcomes

Despite several studies investigating the efficacy of psychotherapy, there appears to be a lack of studies examining the efficacy of psychotherapy and psychotherapists in private practice, especially from a post-modern perspective. This seems to be primarily related to the long duration that would be required for such prospective outcome studies and the high costs involved with monitoring diverse private practices. This further presents numerous methodological difficulties related to eclectic approaches by therapists in private practice (Keller, 1997)

A post-modern perspective on psychotherapeutic effectivity

Over the past decade, there has been considerable concern among psychotherapists over the neglect of therapist variables in psychotherapy research (Beutler, 1997). The largest and most influential psychotherapy outcome studies have focused primarily on technique efficacy, despite the fact that studies have shown therapy outcomes to be more closely linked to relational and therapist characteristics than to type of treatment (Vocisano et al., 2004).

It appears from the outcome studies that the factors influencing psychotherapeutic effectivity are more complex and numerous than people are aware of. This is illustrated in the many variables that were found to be present in the different

studies. Often people are unaware of these complex and diverse processes that influence the psychotherapy experience (Ackerman & Hilsenroth, 2003).

Many of the factors identified in the studies are inherent to the environment, society and the individual. This can be realized in the expression of how these influential factors are embedded in individual and systemic belief systems. These systemic beliefs may affect the nature of psychotherapy as it presently stands defined in our society. For the effectivity of psychotherapy to be challenged there must be specific and powerful beliefs surrounding the psychotherapy processes that could change. These processes are embedded into peoples' meaning systems defining language, ideologies, and therefore definitions of psychotherapy. The broader systemic issues that appear to be relevant to psychotherapeutic effectivity seem to connect to the ideas that society holds of psychotherapy and the language society uses in relation to this (Gergen, 1997).

The language used for daily lived reality is often very different to what people require when they are in a therapeutic dialogue. The 'disconnect' between daily language and therapeutic language is fundamental to the factors affecting psychotherapy, as therapeutic language is often misunderstood or not accepted in daily reality (Gergen, 2003). This is not to say that all common language should be therapeutic, but that there should be language that respects the 'therapeutic space'.

Post-modern approaches to psychotherapy strive to generate such a collaborative research approach which is reflective, multi-dimensional and non-judgmental. This can at times be viewed as a more feminine approach to knowledge, versus the more traditional masculine approach (Popadiuk, 2004). Feminine being defined as a receptive, respectful, exploratory, inwardly focused energy, while masculine would be defined as more outwardly driven in terms of achievements, confrontation, goal orientation, directive, positivistic, logical, and material prospects. This type of masculine/feminine research and discourse is questioned in this study.

As Langs (1989, p.54) so adeptly acknowledges, psychotherapy becomes a therapeutic relationship by virtue of its deviation from our typical, everyday, pedestrian relationships.

“Given the realities of our culture, it is the very nature of its existence as a commodity that limits psychotherapy and sets it apart from a friendship or from the sharing of problems with a neighbour. In fact, one might say that the therapeutic interchange exists only by virtue of its structure as a service. The therapeutic relationship brackets off a time and place for activities removed from the linear effort of everyday survival issues”

In the light of the research already considered and the need for greater understanding on a systemic level of psychotherapy, the following areas could further be investigated. Exploring clients’ beliefs about the structure of society and how psychotherapy fits with this; the freedom that people feel they have to explore or express taboo topics; and especially how this relates to censorship and judgement in public spaces (Gendlin, 1996; Guignon, 1993). Without a relevant language for expressing therapeutic dialogue there is no further space for therapeutic discourses or research. Even psychotherapists appear to struggle with opening and creating the dialogue for embracing psychotherapy.

Conclusion

The entire debate about the usefulness of psychotherapy and the role of the psychotherapist can often be an epistemological trap (Wampold, 2001). Any psychotherapist is liable to step into this trap unless substantial dialogue is created around this. As with any existential question it has no absolute answer in and of itself. It is the process of acknowledging the difficult and unexplored processes that leads to some sort of understanding that is important. This study is an attempt to explore and further such a dialogue.

The following chapter furthers this discussion by investigating the writer’s epistemology and theoretical orientation which forms the foundation of this study.

CHAPTER 3

THE EPISTEMOLOGICAL WINDOW

'Knowing about knowing'

*We do not live by bread and technology alone,
because our lives gain meaning and purpose
from the morals, mythology and metaphysics
of our non-material heritage.*
(Champion, 2002, p.1).

Introduction

Throughout literary history, science and theories have continually been challenged and redefined to meet the requirements of logical thought. This has been no less so with psychology. When considering the history of psychology, it appears that many of the early clinicians seemed dissatisfied with the available clinical knowledge and the subsequent inability to work with the difficult populations that required treatment. Early theories were disappointing as they promised the fulfilment of many objectives which could not be realized (Haggerty, 2006; Walker, 2005).

Similarly the very definition of psychology has challenged the profession. Definitions found in most early texts aimed for and often referred to the prediction and control of human behaviour which seemed most promising at the time in terms of direct problem resolution (Gopnik, 1999). Over time, however, prediction and control have proven impossible to achieve and even ethically questionable. The very essence of an objective psychological reality or standard of health is difficult to predict accurately or to define fully. Ultimately, no psychological reality or theory can be known independently of language which is subjective and a construction of reality (Bogdan, 1984; Gopnik, 1999; Taylor & Bogdan, 1984).

Today, therapy, like most of the social sciences, has subdivided into rival schools and camps. Each rival group competes with other theories as to the uniqueness of its theory and the applicability of that theory to the total range of human problems. It is possible, even probable, that the various competing positions between different approaches to therapy may have more in common, than that they have true differences (Bogdan, 1984; Taylor & Bogdan, 1984). Many common elements exist in current psychotherapy theories and practices which are mostly based on the sociological and scientific paradigms of the preceding centuries. For the most part many of these theories are still grounded in the view that reality is empirically objective. In this worldview, the major function of science is thought to be the construction of general laws or principles which govern the relationship between objects or observable phenomena (Hollon, Thase & Markowitz, 2002). This can be limiting in a most detrimental way when investigating human phenomena.

Our ordinary daily experience with a world that is ever changing makes this a difficult limitation to accept, as very little ever seems predictable or objectively definable (Anderson & Goolishian, 1992; Gopnik, 1999). Subsequently, due to this contradiction, certain schools of thought have evolved to propagate theories based on the subjective reality of life. In questioning the 'objective' and embracing the 'subjective', more and more psychotherapists rely on clinical intuition for direction in the uncharted areas of psychotherapy (Bogdan, 1984; Haggerty, 2006; Levi, 2005; Taylor & Bogdan, 1984). This is usually a reflection of psychotherapists who have begun to define their own personal epistemology more clearly through which they can interpret their work. Many of these psychotherapists would group themselves as subscribing to a post-modern paradigm.

Post-modern thinking has influenced psychotherapy in significant ways from clinical work to research. The present study seeks to investigate the stated problem from a post-modern and ecosystemic framework and perspective, using collaborative language theory and inquiry. This is a participatory dialogue aimed at answering and exploring several relevant questions to the study. Post-modernism and ecosystemic thought has in the past translated into a revolutionary approach to research where the researcher is a primary and reciprocally linked entity to the research endeavour (Moules, 2000).

A personal understanding of the therapist's epistemology is therefore essential to making sense of any aspect of the research. Understanding the client's 'theoretical' tenets or personal constructs becomes very difficult or limited without an understanding of the therapist's epistemology. Without a full grasp of this epistemology nothing within the research context will make sense. Post-modern thought embraces this participant aspect of thinking (Efran, Lukens & Lukens, 1990; Moules, 2000).

In the light of this it is important to consider the investigator's theoretical and clinical perspectives. This highlights the personal factors and influences brought to the process, clarifying the investigator's epistemology as a logical and integral part of this study. This chapter explores a view of theory, expanding into different theories that have shaped the thinking in this study. Certain theories have exerted an extensive influence while others have only marginally done so. This chapter aims to capture a description of these influences.

Therapeutic conversation: engendering change

"The therapist is always part of the system and is therefore subject to all the constraints and necessities of the particular part-whole relationship in which he exists" (Keeney, 1982, p.132).

The epistemological debates in psychology have called into question the traditional theories of psychotherapy. These debates have nurtured a nagging sense that something is wrong in the manner in which we pose our questions and define our actions. More and more there are voices speaking out in favour of moving beyond the limitations of theories that are based primarily on concepts of social roles and structures (Gergen, 2003; Kenny, 1999; Penn & Frankfurt, 1994). These approaches all express a need for the acknowledgment and exploration of multiple realities. Multiple realities are said to be embedded in language because language has the ability to create, define or destroy most experiences through which we live (Goolishian & Anderson, 1987). The therapeutic language or

conversation used by the psychotherapist therefore becomes a deeply relevant and powerful medium.

In therapy the information that therapists work with is the client's worldview or what is termed by some as 'existential reality' – it is not the 'truth' in any metaphysical sense. The task of the psychotherapist is to work with a client's reality and question it where necessary in a way that is helpful. The newly created view is not necessarily any truer than the old, but should promote a healthier life. This attitude is in direct contrast to the more traditional viewpoints in psychology wherein the therapist spends a great deal of time searching for the 'truth' in the client's recall. Gibson and Heap (1991) have speculated to a degree about symbolism and fantasy, stating that some of the material gained from this type of 'ultimate truth' is based on expectation and fantasy. In narrative approaches Woolger (1987) states that it does not matter whether you believe that you are re-experiencing something or not, because the mind will almost always produce a story from your past or history when invited in the right way. The question remains though whether proving the truth of a story or reality is really of value in the ultimately desired outcome, or whether the client's construction of the experience is not perhaps of greater importance.

The 'indefinable' definition and nature of therapeutic conversation plays an important role in change. There is something about the nature of communicational interchange becoming meaningful that seems to engender change. To a greater extent, people have realized that meaningful dialogue seems to be central to creating a therapeutic conversation that facilitates change (Gergen, 2003; Kenny, 1999). This type of conversation loosens rather than constricts the flow of ideas. Conversation thus gives the encounter space to expand, so that the process can fully unfold. Such therapeutic conversation defines what psychotherapy is about, i.e. a dialogue or 'talking with' the other significant person to create a 'therapeutic conversation' versus a 'stuck conversation' or what is also termed a 'live' versus a 'dead' conversation (Kenny, 1999). Live conversations create opportunity for growth or expansion of ideas in the dialogue, whereas dead conversations lead to repetitive loops that restrict or inhibit the flow of information. This allows for no new opportunities of exploration

within the conversation and limits the narrative of the individual or even shuts it down.

How we as a society think about psychotherapy is of prime importance to the way in which we conduct our business as therapists. The ideas of Goolishian and Anderson (1987) are particularly relevant, where they state that therapy is a process of expanding and voicing the unsaid, especially in society. The unsaid in society holds power, this power is often about maintaining the status quo, change comes when this ultimately shifts. So much appears to hinge on the unspoken processes in psychotherapy, yet very little of this is understood or explored.

This infinite 'not yet said' which lies between the client's lived reality and the deepest thoughts she holds onto is the pivotal point for any psychotherapist to access (Sanders & Arluke, 1993). The therapeutic resources lie in the circle of the unexpressed and the ability to develop new stories and themes, these stories are often experienced as internal narratives or 'voices'. When these conversations can be expanded on to experience other or new 'voices' or conversation, change is facilitated. Conversation and expression always aims for more 'meaningful living' that facilitates change (Anderson & Goolishian, 1992).

It is through this process of expanding a conversation that the unsaid can emerge. Through this a reorganization of current stuck descriptions can take place and consequently the 'rules' by which people live, can change. Conversations need to be taken to a deeper level where 'problems' are fully and persistently explored and excavated, and through this exploration the unsaid will hopefully emerge (Anderson & Goolishian, 1988). When this does occur psychotherapy may at times seem mystical. Therapists and clients alike often ponder on why a particular configuration of events brought about a change in the therapy.

Therapeutic dialogue can also be described as the engaging of two different epistemologies in order to make sense of each person's way of knowing the world. This dialogue is often begun in 'crises' and searches for a mutual exploration to determine whether this dialogue can be expanded. Therapeutic conversation entails a 'together' process. In co-exploring the issues a symbiotic sharing of ideas takes place through which continual change, growth and evolution could

occur. Problems are therefore not 'fixed' but mutually deconstructed according to the person's life (Friedman, 1993).

To think about human beings as existing in a world of 'meaning' obviously presents the world of structure with a major challenge. This is because the world of structure mostly depends on fixed realities and crystallized knowledge. These ideas around an evolving dialogue do not aim to dismiss all current theories, nor do they attempt to fly in the face of convention and be offensive. They would rather suggest that some of the more accepted concepts in traditional thinking may constrain the creative abilities to think and work effectively, and therefore could benefit from including a measure of flexibility (Friedman, 1993).

Considering that therapeutic encounters are so profoundly affected by the way in which people think, the concept of 'epistemology' should be given attention as it forms the core of meaning within this study.

"Knowing about knowing"

Despite the many theories that exist, psychotherapists are continually challenged to adapt and find more, and more sufficient, answers to society's dilemma. This is where the concept of epistemology has become useful to psychotherapists. "Knowing about knowing", is essentially what scientists, philosophers and psychotherapists refer to as 'epistemology' (Sanders & Arluke, 1993).

Auerswald (1985, p.1) defines epistemology as "a set of immanent rules used in thought by large groups of people to define reality" or "thinking about thinking" and goes on to say that it is also "the study or theory of the nature or grounds of knowledge".

Denzin and Lincoln (2000, p.157) feel that, "every epistemology...implies an ethical-moral stance towards the world and the self of the researcher."

The essence of epistemology appears to be at the heart of everything that people do and think. Epistemology is involved when a person differentiates a general

orientation, worldview, belief or experience that defines a uniquely personal approach to a particular context (Keeney, 1982).

“Consider for A moment the phrase, ‘the opposite of solipsism’. In solipsism, you are ultimately isolated by the premise ‘I make it all up.’ But at the other extreme, the opposite of solipsism, you would cease to exist, becoming nothing but a metaphoric feather blown by the winds of external ‘reality’... somewhere between these two is a region where you are partly blown by the winds of reality and partly an artist creating a composite out of inner and outer events” (Reason & Rowan, 1981, p241).

Epistemology is often said to be the golden thread of meaning that is weaved into the pattern of the language that a therapist uses to define the nature of her work. The way in which a therapist views the world thus becomes evident in the therapeutic style and language used with a client. Epistemology thus puts a unique stamp of individuality onto the therapy. A therapist’s description of her work whether in the actual process of the therapeutic encounter or in reflection after the session, requires language and symbols that indicate the epistemological base directing and guiding her work (Efran et al., 1990; Stewart, 2002).

Besides affecting change, psychotherapy has also become a forum for exploring questions of meaning as people begin to move outside of contexts such as religion and philosophy to question their lives. The art of understanding how one comes to know what one knows, is vitally important to understanding life and how one lives and thinks (Sanders & Arluke, 1993). Understanding how one lives, is in turn fundamental to embracing life and new meaning. This subsequently enables people to make appropriate changes in life. Appropriate change, not ‘forced change’ is often viewed as the primary goal for people undergoing psychotherapy (Gopnik, 1999). Appropriate change takes place when the person naturally embraces a new meaning or definition, and not purely as a directive from the therapist.

The client’s questioning and making sense of psychotherapy (or epistemology) is thus considered to be a pivotal factor. Not to be overlooked, though, is the way in which the therapist constructs the psychotherapeutic reality in question, as

together these two epistemologies interact to create a therapeutic context. The therapist's epistemology is an integral tool in creating a meaningful dialogue and is as vital as the client's perspective in determining what shapes and guides the psychotherapy process (Sanders & Arluke, 1993).

In considering the influences that shape the therapist's epistemology, different theories are relevant to shaping the thinking and patterns in this study. Considering exactly what the concept of theory is, provides a good point of departure before examining the specifics of the different approaches.

Understanding Theory

The many differing definitions of theory can be confounding when examined more closely. One definition of theory is a description of the relationship between a therapist's epistemology and habits, or way of thinking and way of doing things. This process may or may not be known to the therapist as an awareness of a personal repertoire or understanding. Whether or not therapists actually articulate to themselves this relationship between their epistemological base and their habitual patterns of action, it is considered an important question and relevant distinction to make. Such an 'awareness' often aims to acknowledge and respect both a pragmatic orientation as well as an aesthetic concern (Dell & Goolishian, 1981; Friedman, 1993). In this study both are considered indispensable and thus respected.

Independently of whether one is primarily concerned with the pragmatics or aesthetics of theory, it is important to acknowledge that theory is always synonymous with one's behaviour, no action of a therapist can be theory-free. Theory is in a sense an aspect of epistemology, and is sometimes described as the net with which one 'catches' knowledge of the world. Thus the art of theory becoming alive and effective rests in the simultaneous and mutual influence and understanding of epistemology on clinical practice and vice versa. This relationship is fundamentally mutual, reciprocal and dynamic (Efran et al., 1990; Kelly, 1994). All perception and action presume underlying ideas, theories and finally epistemologies. Theory is not simply an arbitrary technique used without

understanding (Champion, 2002). Understanding theory facilitates therapy which is meaningful and ultimately not harmful (Bateson, 1979; Keeney, 1982).

When it is argued that 'theory' is not immediately useful to clinical practice, the argument is partly correct in the sense that a theory of therapy, or attempting to diagnose a client often shuts down the process of effective therapeutic action. However, to regard theory as irrelevant to the clinician ignores the ways in which theory and clinical practice interact. Bateson (1972) addressed this when he spoke about the impossibility of having no epistemology. As he described, the very idea of having no epistemology still arises from some sort of idea or belief system, which is in fact an epistemology. This is linked to the idea of 'impossibility of no choice' as no choice, still remains a choice. A therapist thus always has an epistemological base, whether it may seem alive or 'dead', known or unknown to her (Kenny, 1999).

It is pertinent now to consider the relevant theoretical influences in this study in greater detail. This chapter focuses primarily on an ecosystemic and post-modern philosophy. These approaches are closely linked and overlap somewhat. An ecosystemic approach encompasses many different ideas, which all fundamentally consider the larger context of an individual, and see the person as a whole being in context of the larger world (Efran et al., 1990; Friedman, 1993). Therefore, not only fragments of the person or relationship are examined in detail, but relationships as whole entities with the observer as being central to defining the context. Post-modernism builds on this and extends the thinking to include the participant or individual in psychotherapy as being the expert in constructing her own world, where rules are always changing and are constantly flexible, opening to new definitions of reality. Both of these approaches are composed of many different schools of thought including cybernetics, radical constructivism, social constructionism, narrative psychology and others. An overview of ecosystemic thinking is, however, necessary to lay the foundation for further understanding.

A Deeper Description of Epistemology

Philosophy first provided a definition of epistemology from which other disciplines subsequently borrowed. This roughly states that theories of knowledge specify the limits and validity of what we can formally know. Outside of philosophy a tradition of epistemology was born which was concerned with studying the 'embodiment of mind' (Bateson, 1972; Kenny, 1999). McCulloch, Piaget and Bateson (in Keeney, 1982) were some of the scholars who first began to recognize that the organization of events, whether neurological, psychological, behavioural, or social, could only be understood in terms of information, rather than energy or matter, thus shaping the tradition of epistemology as related to the 'mind' as an ecological system.

It is evident that psychology drew strongly on the ideas of Bateson (1979) as a primary influence in introducing the deeper exploration of the processes in the way people think. Bateson focused on drawing a distinction between the world of information and the world of matter. He used the term epistemology widely, but did not invent it, and it has since become widely used in the field of psychology. Bateson's (1979) term, 'epistemology', refers here to the assumptions, philosophies, and points of view which people use to make sense of the world or phenomena, i.e. the belief systems used to know the world. This implies that a recursive process exists between what is known and believed and the actions that take place in the physical world. However, people can try to step out of this reality temporarily to consider it through two different lenses, in so doing attempting to be influenced by multiple descriptions in order to gain greater understanding, reflexivity and ultimately change in a situation (Kenny, 1999).

Bateson (1979) often compared epistemology to the process of living. For psychotherapists, realizing that the process of living or how a person lives is one and the same process as the person's thinking, contributed a marked insight and shift in the way psychotherapy could take place. This realization facilitated the understanding that what a person thinks, can and often does become the reality

by which the person lives, giving the therapist much clearer insight into the world of the client.

Peoples' personal beliefs thus shape their world more than they are often willing to realize, this is often because seeing and feeling the mind as inseparable from experience can be very challenging and confrontational. Looking at this process may be difficult for people as reconstructing thought patterns to implement change can be difficult and threatening to the structure of the person's world. The beliefs people hold to be true, define their being and structure, which in turn becomes the behaviour they exhibit. This mutual interaction is a fully constructed experience between mind and reality. A good example of this would be religion where the beliefs and the person's experience of his/her identity become inseparable from each other. No reality can therefore be described as neutral or unaffected by 'external life'. Reality can rather be seen as patterns that provide information to themes in peoples' lives, highlighting and regulating perceptions, beliefs and action (Dell, 1980; 1981).

It can be said that an epistemology of therapy is also an epistemology of life. Everything about a person therefore reflects the life force within him/her. The process of our thinking, as Maturana and Varela (1987) described it, is the pattern of a person's daily life. The way in which we perceive our lives and then act them out recursively, is related and linked in such an intimate manner that it is one and the same thing (Anderson & Goolishian, 1988; Keeney, 1982; 1983).

A further world of experience and living is carved and known by the interactional process we choose to call 'therapy'. This experience, this therapy, also therefore becomes epistemology. The pattern connecting a therapist's experience to a client's experience and to the external universe embodies epistemology. This pattern is always a unique function of the therapist and client (Dell, 1980; Kenny, 1999).

Anderson and Goolishian (1988) speak of a therapist's epistemology as a tool that needs to be discovered, and that this discovery will enable the therapist to approach the therapeutic world in a radically different way. As an enlightened therapist will realize that what is 'real', whether it is defined as a 'real problem' or

a 'cure', is always the consequence of a constructed world of the person's experience, and more importantly a construction of the therapist's experience, and a mutual construction between all parties involved. Epistemology is then not an academic endeavour or understanding, but a process of living and breathing, of being and knowing oneself as is often experienced in psychotherapy (Stewart, 2002).

Ecosystemic Epistemology

"The world we know is neither real, nor illusion"
(Keeney, 1983, p.63).

Ecosystemic epistemology is characterized by a move away from traditional thinking of linearity and intra-psychic worlds to include all systems of an individual's life and broader society, thereby taking into account the human ecology surrounding a particular issue. Hence the term eco-systemic is derived from a combination of 'ecology' and 'systems' (Stewart, 2002). This approach not only looks at wider systems, but includes holism, challenges dualism and embraces multiple realities with the observer being recognized as the pivot of these realities. Many schools of thought were part of the patterns that shaped ecosystemic thinking. The more influential schools of thought were cybernetics, constructivism, social constructionism and narrative psychology, all leading to a culmination in post-modernist thought in psychotherapy.

The ecosystemic, post-modern view further focuses on creating a 'meaningful reality' where different processes and thought patterns are tracked within the relationships. From tracking such processes an ecological stance can be taken which clearly shows the complexity embedded within human interaction. Human beings are also described as information producing or gathering systems which cannot be reduced to pure pragmatism (Anderson & Goolishian, 1988). This type of human information is always reflexively connected to itself and to all other systems in much more complex ways than can be captured by pure logic. From this it becomes more evident that logical sequences of cause and effect do not singularly drive human beings, but that interactive processes involving emotional

connections and communication come together in collaboration. This collaboration gives rise to the creation of new meaning in peoples' lives and creates opportunity for the discovery of crystallized meanings (Denzin & Lincoln, 2000).

In human ecology specifically, the context is the basis for all work where people constitute the totality of relationships amongst individuals and thus the environment is seen as a synergistic, interactive system where the interactions and relationships have a greater effect than the sum of the individual parts and their individual effects. Once again then, in therapy, stories are told and re-experienced and the many relational dimensions around the client need to be taken into account. This implies that the human ecosystem is not static at all but in a constant state of flux, and ecosystemic thinking is therefore completely relational in focus as well as continually being redefined in its complexity and meaning, truly attempting to reflect the complexity in human lives (Jasnowski, 1984; Keeney, 1979; Stachowiak & Briggs, 1984).

In a similar vein, ecosystemic epistemology acknowledges not only the pragmatic aspect of psychotherapy, but also the aesthetic value of it. This theory allows for more than the purely sequential action of events or patterns of ideas. In fact it focuses on the relationship between the beliefs (aesthetic) and the actions (pragmatics) of the therapist. Such a position focuses on increasingly expanding the therapist's understanding and appreciation of the patterns that characterize therapeutic contexts and that help to bring harmony amongst these patterns to the system (Kenny, 1999). The aesthetic is vitally important to keep the therapist's work alive, without it psychotherapy becomes a purely technical process lacking passion, meaning or soul. If the therapist does not inject a healthy dose of love, distaste or 'self' into the work, the space can become very empty and devoid of meaning (Dell, 1980). This is what happens when many psychotherapists claim they have lost the 'heart' for therapy. Similarly if the pragmatic is lost, the process stands to be engulfed by a world comprised purely of dreams and fantasy (Efran et al., 1990). Keeney and Sprenkle (1982) see the pragmatic position of psychotherapy as seeking to reduce a phenomenon into organized parts without which nothing concretely useful can emerge.

Therapists embodying the aesthetic approach often use their work as a primary point of reference, viewing it as a personal journey through which to encounter growth with the client. Psychotherapy is thus not overshadowed by mechanistic approaches. Although different logical levels of functioning, excluding one or the other approach renders the therapeutic space diminished (Kenny, 1999).

Dualism versus holism

The splitting of pragmatic and aesthetic aspects heightens one's awareness to the knowledge that ecosystemic thinking particularly challenges dualities. Dualistic language and thinking inevitably leads to the splitting up of 'reality'. This is often portrayed when therapists too narrowly analyze the natural history of a therapeutic process into isolated fragments. This blatantly disrupts the mutual interaction and connectivity of the context and the system, blurring relevant patterns (Kelly, 1994).

On the level of individual functioning, for instance, the vocabulary discriminating fear, love, hate and so forth, is too often represented in a manner that implies that these operate separately, rather than being a holistic interaction of feelings intricately woven together. Ecosystemic language, i.e. language that avoids dualities and attempts to preserve connectedness, requires maintaining and preserving an awareness of these complete interactions (Hoffman, 1991; Keeney, 1983).

Ecosystemic epistemology is, however, still encased in social language which maintains its dualistic form. A careful dialectic therefore needs to be encouraged in therapeutic language to avoid dualistic traps that create stuckness when social discourse is overly categorized. In this sense, ecosystemic epistemology must continuously unravel, deconstruct and challenge its own processes and ultimately lead itself to new horizons. Similarly, the dualism between health and pathology is bridged when symptoms are viewed not only as signs of illness versus wellbeing, but rather as metaphors of life. The communication of the person's ecology manifests itself in the 'symptoms' presented. This ecology is based on the fundamental doctrine that all things in nature are complexly, but systematically interrelated, spiritually, mentally, emotionally and physically, to create a perfect

balance. Ecology resonates with the hairbreadth of balance within the larger universe (Efran, Greene & Gordon 1998).

One might argue that 'ecological humility' is an inevitable outcome of ecosystemic epistemology since there is no emphasis on any particular part or aspect of the relationship system or person. No-one and nothing can be most important or 'better' as all parts rely on the others. On an experiential, daily level this humility reminds one that awareness, be it a feeling, perception, or thought, is always connected to a context of which one is always only partially aware. In other words, conscious knowing is limited to an awareness of fragments of the bigger picture in which living takes place (Efran & Clarfield, 1992; Efran et al., 1998).

One of the fundamental premises in the ecosystemic approach then, is the shift from interpreting events or behaviour in terms of linear, cause-and-effect sequences to conceptualizing the same behaviour as part of an interactive system where cause-and-effect are no longer observed, but interactions are reciprocally linked to share responsibility for outcome and meaning. Ecosystemic epistemology is concerned with patterns of relationship that are described by metaphors of form and pattern. This creates a sense of objects always being in a process of becoming rather than as static elements. Reality can be seen as a closely knit stream of past, present and future-orientated emergent processes.

From the ecosystemic approach it is obvious that different ideas have emerged in the thinking of psychotherapists. During the last decades a growing body of research covering other approaches has also acknowledged the general inadequacy of objectivism as applied to the study of human beings. Cybernetics and constructivism were of the primary schools of thought that questioned objectivity.

Cybernetics and constructivism

Part of the ecosystemic tradition is that of cybernetics. This term refers to the study of patterns, form and organization that was being worked with in many differing scientific disciplines from the 1940s. Based on this, cybernetics was named the science of information, pattern, form, and organization (Keeney, 1982).

Cybernetics is concerned with how processes of change are connected to patterns of stability and vice versa. In cybernetics, change and stability are a whole gestalt, once again moving away from linear dualities. This thinking links to psychotherapy in that it describes the way in which we know or differentiate the different patterns that organize the events in our lives.

This is a leap for psychology in that the therapist must jump from the paradigm of substance to that of pattern which places one in the context of cybernetic epistemology. With this view, therapists can approach both the complexity and the elegance of autonomous and interconnected patterns of life.

Distinction

"Pointing out the epistemological error of seeking 'objectivity', von Foerster (1981) argues: 'how would it be possible to make a description in the first place if the observer were not to have properties that allow him to generate such descriptions (Keeney, 1982, p.77)."

A fundamental principle of cybernetics begins with the recognition and understanding that any phenomenon begins with the act of drawing a distinction, in other words differentiating a moment of meaning from the backdrop of daily life. In cybernetics, defining or mapping the world follows from how an observer chooses to see and describe his/her world. Bateson (1979) knew that this description by an individual is not necessarily a 'true' reflection of any specific truth and that the description is different from the 'actual thing' being described.

In cybernetics how we see the world, follows from how we distinguish the world, which in turn follows from our deeper beliefs about the world. This process has a recursive element to it. That which a person distinguishes, and sees, helps to further define and distinguish what is in turn seen and believed, which continues recursively, implying a measure of infinity to our self-referentiality as beings. Our very presence in defining what we see also further shapes the world around us. The world of cybernetics is primarily a world where mental processes define their own parameters (Raskin, 2002). This is further a communicational world created by endless recursive loops of information back to the respondent.

Cybernetics is especially important in the world of therapy. In this world the problem still occurs where a punctuated stream of events is reified and subjected to so-called 'objective' criteria. What needs to be considered, though, is that pattern and form have no 'realness', and cannot be quantified. They are not actually 'things' that are influenced by the interplay of force, power, and energy (Efran & Clarfield, 1992; Keeney, 1982). One must remember that cybernetics is principally concerned with changing a conceptual lens from substance to form, rather than from parts to wholes. In the world of cybernetics, both parts and wholes are examined in terms of their patterns of organization (Kelly, 1994). To know that mind and body, yin and yang are not two, nor one, requires drawing a distinction of this organization. One is left with the realization that form and substance are neither one whole nor two separate entities. The autonomy and interdependence of wholes is not one, not two, but 'whole' (Jung, 1916; Keeney, 1982).

The cybernetician's criterion of distinction centres around whether one is in a descriptive universe that utilizes metaphors of matter, force, and energy, or one that is based on the metaphors of pattern, form, information and organization (Efran et al., 1998). This understanding of distinction introduces the concept of 'cybernetics of cybernetics' where the observer is acknowledged as being directly linked to the creation of the system.

Cybernetics of cybernetics

Cybernetics of cybernetics refers to the inclusion into one's perception of one's way of looking at the world. The cyberneticians Maturana (1988), Varela (1979), and von Foerster (1981, 2002) studied cybernetics of cybernetics and were also called constructivists. They were concerned with identifying the patterns of organization that characterize mental and living process, i.e. the way our 'being' occurs. Maturana and Varela's (1980) contribution to cybernetics is their proposition of the description of whole systems from the perspective of the system itself, without any reference to its outside environment. To capture a system's autonomy requires, by definition, no reference to the outside world. Instead, the system must be described through reference to itself. Stated differently, the self-

referentialness of a system becomes a way of pointing to the system's autonomy. Because it was generally believed that the scientific method should be based on 'objective' statements independent of an observer, self-reference, self-description and self-explanation were regarded as illegitimate in science. However, since it is an observer that will make all statements or descriptions, all descriptions are in essence self-referential (Kelly, 1999a).

This leads to seeing cybernetic circuits as recursive in the way they transform information, becoming information loops in a circuit (Hoffman, 1981). In sum, the idea of 'difference causing difference' characterizes function within the communicational world. Language, which is a digital representational system of a person's experience, not only represents the experience to 'self' but also represents (communicates) that representation of experience to others. The ways in which people form these representations or descriptions reflect implicit epistemologies, i.e. rules for describing, categorizing and knowing experience. The communicational world therefore describes and knows itself through the levels of description, categories of description, and epistemologies of description that people hold (Keeney, 1983). Such systems can then also be seen as fixed and fluid, always in change, never stable or finite (Anderson & Goolishian, 1988; Raskin, 2002).

It follows that in the communicational world the epistemological issues are meta-epistemological – knowing about one's way of knowing, or of personal communication (Bateson, 1979). Knowing about mind through meta-communication is a self-referential process where the dualistic framing of ontology and epistemology coalesce (Murphy, 1997). This world of meta-communication is the cybernetics of the observing-system (Maturana & Varela, 1980), and is concerned with placing the autonomy of the observer as centrally responsible for the properties of the observed. The communicational world therefore becomes a place of self-reference and paradox where the person defines his/her own reality (Dell, 1980; Keeney & Morris, 1985).

Furthermore it points to patterns not clearly discernable with simple cybernetics. Autonomy, for example, is proposed as a term for speaking of the distinctive wholeness or identity of a system. A therapist's autonomy would lie not only in

looking at a client's process, but in looking at his/her process of observing the client (Efran & Clarfield, 1992; Keeney, 1982). As we climb this ladder of complexity, we reach a limit at which all feedback processes of the individual are recursively organized or connected. Maturana and Varela (1980) therefore refer to this order of feedback as 'organizationally closed'. The system feeds upon itself and not on the outside world as traditionally thought (Maturana & Varela, 1987).

In cybernetics of cybernetics, information is the in-forming of forms, in a recursive and transforming way bringing ideas of difference (Bateson, 1979). When speaking of the autonomy of natural systems, information becomes constructive rather than representational or instructive. This is because it creates more than it conveys 'facts'. In other words the organism or human being will only respond to new information in so far as what its structure, 'make-up' will allow it to absorb of this new information, and transform it into something meaningful (Maturana & Varela, 1987; Varela, 1979). This ability to absorb new information is limited by the person or system's structure. The wholeness of a system will either compensate or not compensate in response to the perturbations that act upon it, it may compensate by altering its structure (Raskin, 2002).

Von Glasersfeld (1984) states that understanding the constructions of reality are not about simply making a few minor adjustments or redefining things, but that a drastic rethink and restructuring of our way of viewing the world is required. This would challenge the very foundations on which most 20th century psychology has been built, and it is therefore not at all unlike the change that was wrought in physics by the joint impact of relativity and quantum mechanics (McTaggart, 2002). What cybernetics pushes the world to see, is a way of joining the recursive connection between description, representation and construction (Watzlawick, 1984). The belief that relationships are not purely aspects of first-order reality and cannot be observed and measured in a detached and scientific manner. Instead partners in the relationship construct a unique reality, continually evolving and resisting objective verification (McTaggart, 2002).

Maturana and Varela (1980) suggest that when we speak of a system's autonomy we should refer to our interactions with that system as 'perturbations' rather than 'inputs'. This reminds us that no part of what we do to an autonomous system

ever gets 'inside' the system, but rather that our actions interact with the wholeness of the system. The system constructs itself. We can prod the system and shake it, but not get inside it. Because of this self-referentiality, it is seen that all descriptions reveal properties of the observer. Similarly what the therapist describes, speaks volumes about his/her epistemology. Similarly, as all good therapists know, initiating a change of a client's frame of reference often leads to the alteration of problematic behaviour if the client can incorporate that reframe into her structure (Maturana & Varela, 1980; Murphy, 1997; von Foerster, 1981). This brings to light the term constructivism.

Constructivism

Constructivists are ultimately obliged to acknowledge that the only justifications for their actions are personal attitudes, beliefs, and opinions, however they were arrived at. The lens through which a person looks at the world is always through 'self'. The constructivist philosopher, Maturana (1978), was not shy about admitting to needs and accepting full responsibility for the consequences of these actions. As a constructivist, he advocated the invented nature of reality, the importance of language, the relativity of human judgements and the continuously fluctuating motives of human beings which change with structure and the environment. As a constructivist he acknowledged the unpredictability of life.

Objectivity and constructing reality

The concept of objectivity has been deeply questioned by constructivists. The belief of the radical constructivist focuses on the realization that knowledge is fundamentally an active process within a subject's mind and activities. Knowledge is generated in the way the receiver's mind originates the information rather than due to specific forms of communication (von Glasersfeld, 1984). Rather than seeing social phenomena such as communication as existing out there, available for researchers and therapists to measure objectively, the constructivist puts forward that communication and understanding of this are constructions of how the experiencing subject interprets society and communication (Atkinson & Heath, 1987).

Constructivism holds that the world of experience is neither entirely made up of, nor entirely independent of an observer's activity (Atkinson & Heath, 1987; Raskin, 2002). Constructivism argues that it is simply not possible to achieve an 'objective' view of the world, because observations will always be influenced by the perspective of the observer.

Traditional theories are more linked to the assumption that there is a real world, which exists out there, and that if we are rigorous enough in our observations we will be able to obtain an increasingly accurate and objective view of that world. Constructivists on the other hand insist that even if there is an ontologically real world, we can never have objective access to that world. Rather, the perspective of the observer will shape all descriptions (Atkinson & Heath, 1987). The rules for what is considered real or relevant are inherently ambiguous, they are perpetually evolving, and vary according to the predisposition or idiosyncrasies of those who use them. This could be problematic when 'shared truth' is consistently challenged and the term truth becomes a means for merely warranting one's own position (Raskin, 2002). Bateson (1979) often spoke about human beings as falling into the trap of selecting the more familiar and comfortable to confirm already existing beliefs instead of challenging known constructs in search of 'new ecologies of mind'.

It is no accident that Bateson (1979) repeatedly spoke of cybernetics of cybernetics and with it constructivism as being a huge step in thinking for human beings. He believed that this way of thinking propelled humanity further than any other form of thinking has done in the last 2000 years. He saw cybernetics as being the alternate way of knowing and being. It refers to a world far beyond the material world (Kelly, 1994).

Along with constructivism, constructionism and narrative psychology represent the most promising alternatives to objectivist psychology. To a broad extent these approaches share epistemological assumptions that stand in contrast to the objectivist ones.

Social Constructionism

Interest in the family of ideas loosely labelled 'social constructionist' has grown to span the full range of the social sciences and humanities. Social constructionism was also nurtured by the aura of discontent surrounding traditional psychological theories (Murphy, 1997). Social constructionism is an interesting approach to the world in that it primarily looks at the processes people use to describe, explain or otherwise account for themselves and others in the world in which they live. Constructionist scholarship has also been devoted to understanding the generation, transformation, and suppression of what society takes to be objective knowledge, exploring the literary and rhetorical devices by which meaning is achieved and shaped to be convincing to individuals and society (Gergen, 1997; 2003).

Constructionism attempts to articulate people's common, shared forms of understanding of the world. It is a theory of knowledge, more than a collection of therapeutic directives or techniques, where knowledge and learning are viewed as social and relational processes. Social constructionists thus believe that social meaning and reality is primarily constructed through human activity. Members of a society together invent the properties of their world. Social constructionism therefore emphasizes the importance of culture and context in shaping peoples' understanding for what occurs in society and relationships (Kim, 2001).

A contextualist worldview is embraced where the world is seen as an ever-changing text that has to be actively interpreted, deconstructed and constructed in order to make sense of knowledge and social meanings (Botella, 1994). This does not take place only within individuals, nor is it a passive development of behaviours that is shaped by external forces; it is an experience of the interaction of internal and external realities (Kim, 2001). Social constructionism therefore emphasizes the importance of culture and context in shaping peoples' understanding of what occurs in society and relationships (Kim, 2001).

This idea of human interconnectedness is free of the perception of an objective reality. This position is firmly built on the core belief that reality is a social construction with every action taking place in and through language which gives

rise to a world created 'in-action' with other people (Kenny, 1999). Social meanings and knowledge are thus shaped and evolve through a negotiated process within the communicating groups and communities (Flick, 2002; Kim, 2001).

From this view, discourse about the world is considered to be a product of communal interchange and not an exact map of experience. This means that although the roots of constructionist thought may be traced to long-standing debates between empiricist and rationalist schools of thought, constructionism attempts to move beyond the dualism to which both of these traditions are committed and vests its knowledge within the process of social interchange (Gergen, 1985; Greer, 2003; Sawyer, 2002).

When considering the concept of knowledge as a representation of truth, social constructionism firmly stands its ground in the 'objective mind' being a form of social myth. 'The truth' about mental life is rendered obsolete. The ideas of 'self-concept' and 'self' are removed from a 'person's head' and placed in the sphere of social discourse, always open to further collaboration. From this perspective then, all psychological theory that forms research becomes problematic as it potentially reflects an internal reality and becomes a matter of analytical interest. Professional and normalized beliefs also become open to questioning (Smail, 2002).

On a meta-theoretical level certain assumptions seem to hold true, i.e. what we take as our experience of the world does not in and of itself dictate the terms by which the world is understood. The distinctions that would be relevant involve understanding social constructionist thought as more of an epistemology and way of thinking, rather than a method per se.

Social criticism

In response to the struggle to be heard in social dialogue, social constructionism can and does act as a form of social criticism (Gergen, 1985, 2004).

Since their emergence as a self-conscious force (most prominently in the 1970s) social constructionist writings have largely been deconstructive in their aims and effects. By demonstrating the social, linguistic, rhetorical, ideological, cultural, and historical forces responsible for generating the world of knowledge in both the professional and daily world, it has challenged social claims to authority, truth, rationality and moral superiority (Gergen, 1991). This represents a major shift away from looking at whom or what is defective, to how or why people come to interpret life patterns as defective. This process of deconstructing and challenging social discourse looks at what alternative forms of construction may enable relationships and dialogues to proceed more congenially. Therapy as an example of such a process is not intent on locating 'pathology' and correcting it, but on coordinating meaning within relationships such that the pathology is rendered obsolete (Dallos & Draper, 2000; Gergen, 1999).

As Dallos and Draper (2000) reflect, social constructionism is not a theory as such but rather a meta-theoretical framework, i.e. a 'theory about theories'; of life and the world around us. A social constructionist perspective therefore allows therapists to use other theories in a pragmatic and flexible manner rather than seeing these formulations as a fundamental 'truth' within which to work. With this view in mind, the value of a client's formulations of personal difficulties and of the professional intervention needed should not be judged by abstract 'truth' but by more pragmatic criteria of whether an approach 'fits' for a client or is going to be useful. The goal is to produce therapists who work with respect, openness and flexibility.

Social constructionism is therefore a primary lens through which to challenge the accepted status quo and the current views of society and therapy. At the meta-theoretical level, the dialogue manifests in assumptions that speak of a person's 'world view' as not being the 'true' terms by which the world is understood.

Constructionism asks the individual and especially the therapist to suspend the common belief that the accepted descriptions and understanding of our world are truly correct and verified through observation. Through this questioning it then invites one to challenge every accepted notion and the objective basis for conventional knowledge, eventually questioning social discourse. Emotions are an example of this as they acquire their meaning not from real-world references but from the context in which they are used. From the constructionist position the process of understanding is not automatically driven by the forces of nature, but is the result of an active relationship where people define the situation as they see and feel it (Gergen, 1985; 2004).

Constructionism isn't a method; part of the virtue of the approach is that it legitimizes an unabashed presentation of who people are and where they stand. This position is important because realities are only invented if people take a position. If people remain passive or disengaged and propose neutrality, they are waiting for something or someone else to define their world. Taking a position insists on a person taking accountability and a stand on beliefs and opinions.

Scientific Criticism

As is clear, constructionism has inevitably confronted strong resistance within psychology. This is because the explanatory locus of human action shifts from the interior region of the mind to the processes and structure of human interaction. The question 'why' is answered not with a psychological state or process but with consideration of persons in relationship. This has, however, not demanded broad appeal, the sense of security fostered by the enduring traditions appear to have been persistent (Richardson, 2002). Acute misgivings are still voiced regarding criteria of knowledge and the companionate problem of appropriate methodology in scientific research (Atkinson & Heath, 1987; Gergen, 1985).

There is now clear acknowledgement of the role of the scientist in constructing his or her own theoretical models, psychotherapists will then not speak of the scientific method, but will speak of scientific methods or even more generally of a wide variety of formal methods of inquiry (Richardson, 2002). Tomm (1983) writes that it has become increasingly obvious that we do in fact tend to create

and see that which we are looking for. Donald Campbell (1975), himself an author on traditional research epistemology, has strongly criticized the rigidity of traditional methods, speaking of the arrogance of social scientists as being an obstacle, similar to the arrogance which traditional religionists portray in their claims of revelation and absolute certainty (Atkinson & Heath, 1987).

Constructionism criticizes scientific theory, accusing it of a pre-interpreted world of meaning. It further postulates that the social sciences and the theories of psychotherapy cannot ignore the categories used by ordinary people in the practical organization of daily social life (Smail, 2002). People's theories of therapy and life are always changing as language changes. Description of interaction and the conduct of peoples' lives thus also changes through time. This makes for enormous difficulty and increases the impossibility of predicting human behaviour. Ideas, theories and practices are therefore always evolving and changing over time but also open to criticism (Flick, 2002; Gergen, 1990a; 1990b).

According to Botella (1999), the basic psychological act in the construction of meaning is the abstraction of a personal construct. This abstraction depends on the process of noting similarities and contrasts between events. Intelligent behaviour is seen to emerge from the socially situated interactions of individuals, rather than to be a product that resides in the head. Knowledge itself is not reducible to individual cognitive representations. Instead the focus is on the process and the individual's participation and interaction with the ongoing relationship (Greer, 2003; Sawyer, 2002).

Constructionism and narrative psychology both adopt a view of human beings as proactive and future orientated. Both theories also view the relationship between people and the environment as a dialectic one, in which both parts are influenced by their shared, reciprocal interaction (Greer, 2003). The influence of language in determining peoples' reality is thus indisputable.

The influence of language

Offering a unique contribution to our continuing exploration of the theory of therapeutic process, social constructionism views knowledge as constructed within relationships which are expressed through language; language being the lubricant by which the cogs of society manage to turn. Ideas come to life through shared dialogue, be this through internal dialogue or conversation with others. Language or dialogue usually requires a reply, and through this we could say that social discourse is composed of language and realities responding to other spoken or written language (Penn & Frankfurt, 1994). The assumption that what is experienced of the world does not in itself define the way in which the world is understood, remains standing. Knowledge of the world is thus not a product of hypothesis testing. The process is flawed as drawing on observation requires categories, which in themselves require definitions. When words in themselves are defined by linguistic categories they cannot map an objective reality. Many problems of definition and life are due to the reification of language (Efran et al., 1998).

The biggest concern with the language that pervades society, has to do with the means by which language is experienced as a positive or negative factor in encountering change. In effect the psychological basis of language is seen as almost obsolete with the focus shifting to the enacted use of language in human affairs (Richardson, 2002).

Yet while provoking lively interest across the academic sphere, psychologists themselves have been relatively resistant to join the constructionist dialogues. Social constructionism is often absent from the common discussions of mental functioning or dysfunction within the field. The reasons for this general insularity of psychology from this intellectual stance are many. Certainly among the most important is what many take to be a fundamental antagonism between 'true' psychology and constructionist thought, creating a 'watershed' punctuation between traditionalist and non-traditionalist thought (Gergen, 1997).

Hoffman's (1991) approach to constructionism moves toward post-modern ideas, which also originated from people in literary criticism. Here the constructionism

moves toward the analogy of narrative or text as being the focal point. Hoffman believes that psychotherapy is approached from within the inter-subjective loops of dialogue, joining therapy and conversation as one. It is believed that through this on-going conversation with intimates, individuals develop a sense of dialogue that assists in constructing the experience of 'identity' (Hoffman, 1991). Gergen (2004) connects to this where he presents a compelling case for the social construction of the self. The construction of self is a primary concept in post-modern thought (Flick, 2002).

Context-bound

It is worth noting some of the cautions offered against misunderstanding constructionist thinking. Smail (2002) speaks about constructionism as being neither a new type of therapy nor a nifty set of techniques to add to pre-existing repertoires. Rather, he sees it as a context within which to apprehend and mould the therapeutic contract. He states that there is no denying that human beings are largely socially constructed, such denial would simply be absurd. He cautions, however, against what he calls 'naïve social constructionism', where people think they can magically construct or reconstruct any reality. This implies that social constructions can be reconstructed or deconstructed at will without accounting for real life external factors that impact peoples' lives. Fourie (1996) called this solipsism, not constructionism.

Smail (2002) believes this 'anything goes' idea is naïve, as we are all always subject to a much greater discourse within which we are embedded. We cannot possibly in any given moment fully comprehend this and simply adjust our views to it. "This kind of ill-considered notion, often derived from philosophical discourse, contributes as intellectual justification, to a pervasive cultural preference for make-believe over reality" (Smail, 2002, p4). This kind of make-believe that he speaks of is dangerous in the sense that it creates a feeling of not having to take responsibility for one's own beliefs.

True constructionists are not implying simplistic solutions, though. Emotions and people are not objects 'out there' to be studied. Emotional terms also do not acquire their meaning from real-world referents, but rather from their context of

usage. From the constructionist position the process of understanding is not automatically implied. It is not by force but as the result of active, shared spaces between people in relationships. It becomes deeply questionable then, whether observation of persons can be relied upon as a corrective guide or as an accurate description of persons (Gergen, 1985; Greer, 2003).

From within the overarching framework of constructivism and constructionism arose the approaches that focused on language and the client's narrative, also culminating in post-modern thought.

Post-modern thought

Post-modern thought pivots around the idea of rejecting the 'self' as the only processor of one 'true' reality. It recognizes that many characteristics of life are reflections of reality, thereby accepting and encouraging a plurality of voices. It is a paradigm that promotes the deconstruction of absolutes in order to make way for multiple realities. Post-modernism also asserts that 'privileged positions' of observation do not exist, therefore questioning the very power hierarchies existent in 'traditional' schools of thought (Becvar & Becvar, 2000; Doherty, 1999).

The essence of post-modernism is in allowing something new to evolve, rather than predetermining the rules for what is real and valid in the world, this requires resilience of the therapist (Doherty, 1999). The post-modern therapist therefore faces specific and difficult challenges.

Post-modern 'constructivist' therapist

The term 'post-modern' psychotherapy does not refer to an organized school of therapy with a single, coherent body of theory and a common set of procedures. This style of psychotherapy characterizes a group of therapists who share core beliefs, abandoning the idea that therapy is about diagnosing objective problems or dysfunctionality, and attempting to search at systemic levels for the roots of an issue. Post-modern psychotherapists are sometimes loosely referred to as 'constructivist therapists', due to emphasizing the relativity of truth. The term ties

together the activities of an increasing number of practitioners, who are independently experimenting with the applications of concepts such as epistemology, including biology through to and cybernetics in clinical practice (Meares, 2004).

Post-modern therapists do not consider psychotherapy to be an objective, value-free enterprise that simply aims to 'improve psychological well-being'. Such rhetoric is incompatible with the emphasis on constructivism and the value-laden nature of all human undertakings. Even the scientific establishment itself has found its traditional claims of neutrality eroding under the persistent onslaught of constructivist arguments. It would appear that even in theory, the interests and activities of scientific observers cannot be fully disentangled from the observations they produce (Efran et al., 1990). Quantum physics has made legitimized this view. It has shown that reality remains undefined until the very act of observation, by its nature, shapes that reality (McTaggart, 2002).

Within the core beliefs of post-modern psychotherapists resides an awareness of the influence and inescapability of subjectivity. These therapists see themselves as catalysts rather than as clever persuaders or problem solvers. They challenge the assumption that the psychotherapist always knows best, believing this position to be disrespectful or arrogant (Anderson & Goolishian, 1988; Tomm, 1983).

The idea that therapy is about diagnosing an objective condition is abandoned. The therapist rather seeks an explanation in the rearrangement of meaning that occurs (Parker, 2002). To act as if all views are equal and that therapists have no preferences, undercuts the very sort of frank exchange that is expected from clients (Raskin, 2002). Ignoring the power dynamics in the psychotherapy context is considered extremely patronizing to clients, while compromising the integrity of the therapist.

Effective psychotherapy is continually re-created in the context of the participant's interaction. The views of Efran et al. (1988) are particularly relevant in that psychotherapy is not a specific set of procedures, but a form of education, growth and empowerment. The post-modern therapist should therefore continually strive to take responsibility for personal opinions, values, and beliefs as well as the

consequences connected to them. Moreover, the therapist needs to encourage the client to do the same, exploring 'symptoms' as embedded in the current worldview rather than only in the helplessness of a dialogue concerning internal 'psychic' disease.

Post-modern 'self'

It has been discussed that context defines beliefs and that each person is ultimately responsible for their beliefs. The context that defines these beliefs is a reality that is ultimately flexible. However, many people believe that their identity is fixed. They typically employ terms such as 'thought', 'emotion', 'motivation' and 'attitudes', as if they referred to absolutes of existing states or entities within society and the individual (Gergen, 2003).

Such words or descriptions often have long standing connections to historical or anthropological literature that relates to discourses of the 'self' (Freeman, 1998). This realization exhibits how living traditions and meanings are open to radically evolve given the right conditions. This influences daily discourse. In this sense, the vocabularies of 'the self' within society set the grounds for much of the experienced self in social activity (Gergen, 2003).

Derrida's (1976) writings lend some meaningful thoughts to this. He emphasized the failure of any language to carry autonomous meaning, i.e. language cannot stand independently of the multiple signifying traces that define it. He believed that the inability to ground psychological discourse in any specific defining societal parameters, gives rise to a condition where there is enormous latitude available for creating differing vocabularies of 'inner being'.

Conclusion

Engaging in constructivist therapy is like offering clients a 'life' course, especially one with demanding fieldwork. By signing up, clients indicate a willingness to be changed through their participation in a dialogue with a definite starting point and

some specifiable procedures, but a less than definite end point (Efran et al., 1990).

This raises the importance of discussing the ethical and political consequences of choices within psychotherapy which the practitioner must make. Whilst therapists may be influenced by critical and social constructionist ideas, the notion of a post-modern therapy is also challenging as issues of power remain inevitably embedded in the psychotherapy context (Frosh, 1995). However, if psychotherapy is to be engaged in, then there are less harmful ways of going about it. One such way is to facilitate clients' judgment of what is and isn't useful for them (Dallos & Draper, 2000). According to this approach the basic psychological act in the construction of effective psychotherapy is a useful self-dialogue or theory, which should be capable of helping people to understand and manage their thoughts, emotions and behaviour. It should contribute to a general feeling of being a 'whole' person, with a sense of core biographical continuity despite specific changes taking place (Botella, 1999; Ponterotto, 2002).

Keeney and Ross (1985) put forth a compelling point for the understanding of therapeutic change. They suggest that the most powerful source available to the therapist in negotiating the territory of a particular pattern in psychotherapy is the assimilation of the personal metaphors clients use. As metaphors speak of the person's own life, they shape the therapists ideas in assimilating who the other person in the relationship is. This process recursively mirrors the therapist's theory, which reflects the therapists own intimate ideas (Golann, 1988; Parker, 2004; Smail, 2002).

These interpretations of reality ultimately need to spring forth from the person's own underlying epistemology. No distinction can be drawn about anything without basing it on this personal epistemology (Bateson, 1979). The following question by Held and Pols (1985, p.509) is not uncalled for, "is the knower capable of knowing an independent reality, or does the act of knowing make its own reality?" Hoffman (1991) suggests that it is when we consider beliefs along with observable behaviour, that the perspective of epistemology and change becomes relevant. This suggests that any 'independent reality' that is perceived is always attached to an epistemology.

In the end no matter how people choose to view the world there is one inevitable conclusion. Whether they see themselves as part of it, defined and shaped by it, or as an outside agent able to exert direct change and influence on society and relationships, the common denominator remains the same. That is that people are caught in their own epistemology. Choosing to acknowledge or reject this does not change the inevitability of a pattern of thought being invoked.

Epistemology is all about life, how this process of life is enacted, influences everything. Understanding how important knowing and epistemology is, prepares the way for the next chapter which delineates the research approach and methods used in this study.

CHAPTER 4

A POST-MODERN MAP TO RESEARCH

Today there is a wide measure of agreement ... that the stream of knowledge is heading towards a non-mechanical reality; the universe begins to look more like a great thought than a great machine (Jeans, 1930, p.158).

Introduction

Research methods are fundamental to any study that is undertaken. No matter how vague or hidden the research premise may be, they are what sculpts the researcher's view and provide structure and foundation to the study. Without an understanding of what drives the mind and skill of a researcher the study is as a rudderless boat on stormy seas. In light of this it is important to explore the research premises underlying this study.

The aim of this chapter is to introduce a post-modern approach to research as well as its application in this study. This chapter extrapolates specific research methods as well as the rationale underlying this study. This includes a discussion of the requirements for qualitative research methods. It also provides a thorough and systematic foundation for the psychotherapy case study that follows, and the conversations with psychology colleagues and peers which took place. Post-modern research thus extends the research focus from the micro-cosmic scale of individual psychotherapy relationships to the macro-cosmic scale, incorporating larger social patterns relating to psychotherapeutic effectiveness. Finally, the chapter briefly considers elements that influence the individual researcher that merit consideration.

Defining research

Life and research are inevitably messy

(Todd & Stanton, 1983, p.14).

Before travelling further on this path of research, it is useful and necessary to pause and contemplate what research is understood and defined to be. Research is generally seen as a method used by scientists to persuade one another regarding the legitimacy of their theoretical constructions, also defined by the Collins Gem English dictionary as “an investigation especially in terms of scientific study to discover facts” (1981, p.227).

Reber (1985) defines research as “any honest attempt to study a problem systematically or to add to man’s knowledge of a problem” (p.641). This and many other definitions spring forth from a view of research as discovery. ‘Normative science’ involves puzzle solving within the constraints and assumptions of a generally accepted paradigm that defines certain problems as important and the methodologies as appropriate to the required solution (Neuman, 1994). All of these seem to refer to a process whereby knowledge is gained through a predictable approach or method (Reason & Bradbury, 2001).

Research in the social and behavioural sciences has, however, been less concerned with the empirical/discovery approach and more concerned with the issue of relationships and with the relationships of different phenomena between themselves. These alternative research strategies involve less linear methods and more holistic, participative methods. This process of participative research is often criticized as being ‘too messy’ by quantitative standards due to its lack of linearity. The positivistic approach regards this kind of research as ‘soft’ (subjective, informal, meaning-orientated) and as only fit for preliminary pilot work. ‘Real research’ is seen as ‘hard’ research, objective, definite and quantitative (Reason & Bradbury, 2001).

Qualitative methods are at times referred to as a naturalistic paradigm due to its respect for the natural context in focus. This view maintains that beyond a one-sided objectivity there is a new kind of tight and rigorous synthesis of subjectivity

and objectivity that seeks to develop a new rigour of understanding holism (Reason & Bradbury, 2001; Reason & Rowan, 1981). Such alternative research is a collective attempt to document how to 'construct reality' and as such is an elaborate social process (Neuman, 1994). Even the language used in this approach is different, focusing more on holistic, fluid elements of human beings rather than scientific ones. Hence words such as 'participant' are used instead of 'subject'. Reason and Rowan (1981) propose that social research behaviour depends on the generation of new ideas and insights, new hypotheses and innovative theoretical formulations. It is a creative activity which cannot be cast into the model of absolute determinism because it is not an event that one can predict as the result of pre-determined conditions. Hence, new ideas, insights and hypotheses evolve as the inquirer seeks to reconstruct the constructions of reality provided by the human sources under investigation.

Seen in this light, research is not only a collaborative exercise between investigator and respondent/s, it is also a procedure or ritual whereby meanings and interpretations are negotiated with and between the human sources from which the data have primarily been drawn (Silverman, 1993, 2004a, 2004b). Part of this ritual of defining, negotiating and creating meaning begins with the investigator's passion. It is paramount that the investigator selects some topic that excites, intrigues, frustrates, or interests her, and it is vital that in the final equation the research is a personal process.

Generally it must be decided whether the research is to confirm theory or to generate new theory. If it is the latter, then the research can follow a generative research path, if it's the former then it is a verification path. Which path is to be followed determines the questions asked. The researcher often starts with little or no information about the topic. Furthermore, existing literature and research are often inadequate because of untested and unclear concepts and treatment assumptions (Richardson, 2002; Yin, 1989).

The many different types of research definitely fulfil many necessary functions, however, some changes in the way that research is thought about and conducted may be warranted if one takes the constructivist theory of knowledge seriously (Denzin & Lincoln, 2000). Constructivist and constructionist knowledge has

primarily influenced the manner of research in this study, and merit further description. These approaches question objectivity and subscribe to reality as constructed by our perception and language (Reason & Bradbury, 2001). These approaches further pave the way for post-modern thought.

The researcher's constructions

Psychotherapists are primarily constructors of reality, and in the final equation the reality that is constructed is a reflection of the individual's socio-cultural values (Flick, 2002). Therapists should thus not expect that research will spare them the responsibility of taking an epistemological stand, in terms of which problems are to be faced, how they are to be approached, or what solutions could be attempted.

Likewise, evaluating the therapist's epistemology means examining the ways in which the therapist relates to self and to others. This is done to determine whether this relational process encourages change within the therapeutic or research context. Therapist and client look for difference in the constructions and values of the shared relationship and through this 'meaning' is co-constructed (Smail, 2002). Such shared meaning often takes place in the realm of existing socially constructed narratives which additionally influence and define meaning (Atkinson & Heath, 1987).

Keeney and Ross (1985) were of the first to describe research as a process where the researcher or therapist can construct a particular way of knowing systemic and personal communication. They gave careful attention to acknowledging and describing how researchers enter into their own descriptions of what transpires in therapy. This also refers to theoretical maps of the researcher which are strongly influenced by personal values (Atkinson & Heath, 1987; Keeney & Silverstein, 1986).

It is said that to understand a phenomenon in depth, the form of its construction must first be identified, that is, what distinctions underlie its creation. These distinctions always reflect and are influenced by human values (Flick, 2002; Reason & Bradbury, 2001). Research therefore becomes a matter of re-examining

what one did to construct the contents of that particular reality, these are then detailed for scrutiny by the reader. The reader is actually shown the process of constructing a view and gets to decide the 'legitimacy' of the set of distinctions drawn by the researcher as the reader personally relates to it (Schwandt, 2000). This becomes a personal system of communication

The relevance of theory choice

Theory choice is always an individual and very personal matter, but remains deeply important as it organizes the lived experience of an individual in the ritual of research. Such an individual cannot simply take someone else's word for what is correct and coherent in the research experience. Kuhn (1977) maintained that the criteria for theory choice serve as values that influence choice rather than rules that assert this choice. When it comes to theory choice, no neutrally descriptive language of therapy exists, and no permanent standard of rationality holds true to which a person can turn to in order to understand and critically evaluate the different, competing theories (Maturana & Varela, 1987). As a therapist one cannot simply take someone else's word for it, a person has to 'live' the experience (Atkinson & Heath, 1987).

The way each individual applies the general criteria for theory choice will depend upon the individual's specific history, values, and life situation. Kuhn (1977) insists that any individual who wishes to be taken seriously must defend the choice of theory by citing reasons that explicate and support the relevant personal belief systems and values relating to that choice. Without such a relevant personal belief underpinning the research, the motivation of the research becomes thin and sparsely nourished with little meaning (Greer, 2003; Reason & Bradbury, 2001).

In a typical research report in the social sciences, a researcher will show that some data have been collected that support the legitimacy of a certain theory. However, in order to create meaningful information out of the raw data, the researcher is generally required to draw a host of distinctions. These distinctions are already based on some form of theory be it known or unknown. More benefit might be gained if researchers choose to show more clearly and transparently how these

distinctions have been drawn in organizing their world of experience (Gergen, 1997).

In view of the research proposed here, an essential activity of the researcher would be to examine her personal patterns of organizing experience, and to make this transparent, rather than simply to present a summary of how the data was organized. This allows readers to decide for themselves the legitimacy of the particular way of organizing information (Parker, 2005). Keeney (1983) has written, "to understand any realm of phenomena, we should begin by noting how it was constructed, that is, what distinctions underlie its creation" (p.21). Keeney and Morris (1985) maintain that research becomes a task of re-examining what one did to construct a particular reality.

Looking at how the drawing of distinctions leads to theory development one needs to acknowledge that there are multiple descriptions of any phenomenon, none necessarily the ultimate 'truth'. Therefore, results should be deemed theoretical assertions, not theoretical descriptions. Assertions are low-level theories that include the discovery of concepts that can be operationalized only within the particular setting under study. These concepts are structured by theoretical assumptions but lack a theoretical description in a universal sense. However, these assertions can later become theoretical descriptions or a higher-level theory when further explored (Denzin & Lincoln, 2000).

Whether theory is disconfirmed or supported, the results lead to better research questions and further operationalization of existing theory directly evolved from a clinical setting (Sells, Smith & Sprenkle, 1995). Researchers are encouraged in post-modern thought to study a few cases intensively rather than many case studies, when the goal is generalization to theory rather than generalization to a population (Schwandt, 2000; Sells et al., 1995).

Questioning that which is

Research has come to look radically different over the past few decades with simple research designs, predictability, reliability and validity being questioned. It

is also no longer new or revolutionary to hear that contemporary philosophers of science have lost faith in and radically questioned the Cartesian dream. Speaking specifically of the human and social sciences, philosophers have for decades now argued that there are no hard facts to knowledge. Words like 'illusion' and 'self-deception' are often spoken with the common acknowledgment that there is no absolute, all encompassing framework of rational thinking to apply to investigative procedures (Denzin & Lincoln, 2000).

Traditional empiricism holds 'observable phenomena and experience' to be the basis of objectivity and 'truth', where hypotheses are said to be confirmed or challenged by virtue of observable sense data. Yet, from the constructionist viewpoint, both the concepts of experience and sense data are placed in question, and found to be wanting in the 'objectivity stakes'. By the same token, post modernism offers 'no truth through method'. To a large degree the sciences, even social sciences, have been enchanted by the myth that the relentless application of rigorous method will yield sound facts as though a clear, predictable pathway to truth exists (Newmark & Beels, 1994; Silverman, 1993).

If there were some set framework or structure that could be appealed to in gaining knowledge, or even in science, research phenomena would indeed be much simpler to understand. However, this 'understanding and prediction' and any critical evaluation still remains part truth and part illusion. In the final equation it is always shaped by a person's own perceptions (Atkinson & Heath, 1987; Bernstein, 1983). Dealing with a reality where fact is always shaped and determined by perception is difficult for many to come to terms with, and many people remain fixed on pure quantification to avoid the complex dilemmas facing convoluted, human dynamics (Richardson, 2002).

On deeper reflection, the western concept of knowledge as objective, individualistic, without history or context, is a notion that appears to have embedded itself into virtually all aspects of contemporary structured life and ontology. Yet this view has been increasingly challenged by numerous voices from many different spheres of life (Patton, 2001). With these ideas being challenged, the onus is on every clinician to open the possibilities of inventing and shaping an alternative scientific 'meta-theory' for understanding human beings, knowledge,

phenomena and research. This encourages a shift away from knowledge based on data-driven, cognitively shaped domains, dominated by the ideas of absolute realities, and places the emphasis on meaning, relationships, subjective realities and 'context' (Denzin & Lincoln, 2000; Richardson, 2002).

An extension of this shift is the qualitative approach and methods such as collaborative dialogue, which is related to a post-modern stance. This is an attempt to move beyond scientific formulations with impersonal applications of methodological rules, devoid of context. Post-modernism rather strives to become the responsibility of all people engaged in mutual dialogue and discourse, while they are engaged in the 'process' of living (Patton, 2001).

Through this a dialogue is begun where shared knowledge can begin to move out of isolated, excluded pockets of reality and into mainstream consciousness. This mainstream consciousness is in essence a representation of a 'socially collaborative space or dialogue'. Such a collaborative space would be a conversational space where every person can 'own responsibility', and be 'accountable' for the knowledge, meanings and realities that are co-created. Through such mutual interchanges an alternative theory of knowledge could potentially be born (Barry, 1996; Patton, 2001).

Somehow the possibility of an alternative theory of knowledge and way of research does not appear to demand broad appeal (Coyle, 1998). It seems that the investments in previous, predictable traditions have fostered an enduring sense of security. Perhaps the misgivings are connected to the fact that more flexible research requires much more awareness from the researcher regarding personal bias. This resistance is also expressed partially in the acute misgivings that are voiced regarding what the appropriate criteria of knowledge should be. The accompanying problem of what the appropriate methodology should be further seems to cloud the perspectives on alternative theories (Coyle, 1998; Silverman, 2004a, 2004b).

In light of using more natural processes versus traditional ones Keeney (1983, p.92) suggests,

"perhaps researchers in both schools have lost sight of the fact that form and process, structure and function, part and pattern, observer and observation, reductionism and holism, are 'cybernetic complementarities'."

And Golann (1988, p.52),

"Quantification will always be a means for us to avoid perceiving the pattern, and clinical approaches a means of avoiding the openness of mind or perception which would bring out the fullness of circumstance and context surrounding that which is being understood and researched"

They make the valid point that although founded on fundamentally different principles, the positivistic and post-modern research approaches should be recognized as equally valid. They simply have different definitions of the nature of 'truth', but are both very 'real'.

It appears that something different has been called for, and continues to grow, words like post-modernism, discourse, collaboration, deconstruction and others point to this. These possibilities will be explored by investigating different evolving avenues of research. The question begs answering, whether this change in direction is purely a call for greater integrity in research, or whether this also expresses a deeper, symbolic expression in society for greater awareness in discourse and living (Silverman, 2004a, 2004b). While quantification certainly has its place, qualitative language adds depth to understanding. Translating phenomena into quantitative language means that much valuable information is lost in translation.

The post-modern lens

Post-modernism, and with it post-modern research, is much more of an umbrella concept than one individual technique, method or approach. Aspects of qualitative, constructivist and co-created research principles are jointly relevant and interweave into postmodernism. Postmodernism is a way of thinking, more

than a mere methodology and underlies the premises of the present study (Smail, 2002).

Due to the richness of this versatile approach of multiple meanings and the ability it gives to reflect deeply the many diverse facets of human experience of psychotherapy, a qualitative method will be used in this writing. This perspective will lend integrity and honesty to the process.

Postmodernism has influenced psychotherapy in significant ways from clinical work to research. The present study seeks to investigate the stated problem from a post-modern framework and perspective, using collaborative language and collaborative inquiry. This is a participatory dialogue aimed at answering and exploring several questions relevant to the study. Post-modernism has in the past translated into a revolutionary approach to research (Moules, 2000).

Mills and Sprenkle (1995) attribute the post-modern evolution in therapy to changes in societal ideas about the definition of family, society, and what it is to be 'normal' or 'abnormal'. Post-modern research has primarily been tied to qualitative methodology with discourse analysis being an example of this. Post-modernism cannot be restricted to a particular method or theory (Gehart, Ratliff & Lyle, 2001).

Post-modern research is mostly characterized by its flexibility in methods. It translates into a new way of conducting research, and creates a natural bridge between family therapy, psychotherapy, research, the clinician and the client's view of the world (Hertlein, Lambert-Shute & Benson, 2004). It contributes greatly to helping one understand that the world does not function in an absolute way and it influences the way therapists view, understand and work with clients.

Post-modernism works strongly with the concept of rejecting one's self as the only accurate processor of 'truth', as a reflection of reality, and accepts a greater plurality of voices. It is the deconstruction of what one believes to be true to make way for multiple realities. Post-modernism asserts that 'privileged positions' of observation do not exist, therefore questioning the very power hierarchies existent in 'old' schools of thought (Becvar & Becvar, 2000; Doherty, 1999). Self-

reflexivity concerning the understanding and analysis of these power hierarchies in relationships has greatly contributed to the research field by introducing 'self' into the research methods (Rossiter, 2000).

Resistance concerning post-modernism is often encountered. This may be partly due to the fact that it is often unclear what the guidelines for post-modern research are. The essence of this very dilemma is at the heart of what constitutes postmodernism. The struggle in finding a voice is the 'post-modern process'. Allowing something new to evolve instead of predetermining the rules is at the very heart of this. This need to explore and be resilient in the field of psychotherapy is mirrored by people's resistance to the uncertainty, as there is fear around what knowledge may bring (Doherty, 1999).

Gergen (1985) argues that "the rules for 'what counts as what' are inherently ambiguous, continuously evolving and free to vary with the predilections of those who use them," (p.268). In a similar vein, Lincoln and Guba (1985) point out that any 'collection of facts' can be linked to a variety of possible theories and meaningfully interpreted. At the same time, however, facts can only be construed as facts when they are given within a certain theoretical framework. In and of themselves, facts have no absolute meaning, and much of what is seen as absolute evidence is entirely relative. Hence, operational definitions, theories and facts are not independent entities and thus it is impossible to eliminate all human judgement from research (Gergen, 1997).

Objectivity

It would seem that the greatest revolution in the nature of research came about with the questioning of objectivity as the ultimate requirement for valid research. This shift is what primarily heralded the alternative theories of qualitative research as a focal point worth considering, that 'subjective truth' instead of only 'objective truth' could be considered 'meaningful' information. From an historical perspective this change toward the questioning of objective reality began primarily with a shift in looking at the observer as influencing the outcome of the study, and not only as the environment influencing the observer (McTaggart, 2002).

Emphasis on the role of the observer can be seen in the 'constructing of reality', which can be traced to the philosophical position of radical constructivism (von Glasersfeld, 1984, 1995). Von Glasersfeld (1984, p.31), one of the more articulate proponents of radical constructivism, holds that in constructivism,

"there is the realization that knowledge, that is, what is 'known', cannot be the result of a passive receiving, but originates as the product of an active subject's activity."

Rather than seeing any phenomena, such as communication or relationship difficulties, as existing out there as entities available for someone to discover and research or quantify, the constructivist position holds that all phenomena, communication and understanding about it, are directly a result of subjective experience and a construction by the experiencing person or observer. In other words what we see, can never be done without our own brain and belief system influencing it, which obviously then becomes part of the ingredients of the perceived reality. Our reality is shaped around our belief system which confirms that which we already hold as 'true' and perpetuates this 'truth' (von Glasersfeld, 1995).

Consequently, because of the recursive connection and feedback between observer and observed in the system, the emphasis moves from purely 'factual symbolic description' and 'objective' understanding, to multiple interpretations of reality brought forth by the observers within the system (Golann, 1988; Kelly, 1997). Although there may be an ultimate reality, our efforts to discover it will only be partial. The perspective from which each person looks at reality affects that which is seen. No single discipline or approach can ever provide a complete picture of what has transpired, because mental processes, human instruments and even the theory or discipline in question is never neutral. What we observe to be 'true' is not truth in itself, but an experience exposed to a personal method of questioning (McTaggart, 2002).

Dualism

The relativity of objectivity brings to light the dilemma of dualism in research. Considering the challenges around dualism, it is perhaps wise to think in the direction of using more of a dialectic approach. A dialectic approach assists with the view that reality is a continually evolving process and not an event. This dialectic assists us to see reality as emerging through self-contradictory, sometimes paradoxical development, and is a process of 'becoming' (Parker, 2003a). Reality is thus neither subject nor object as was often previously believed. It is simultaneously independent of the individual and dependent on the individual. This means that any notion or representation of validity must concern itself both with the person experiencing it, as well as with that which is being experienced and known.

However, if constructivism is to transcend the subject-object dichotomy central to the scientific debate, dualism as the basis for all scientific theory and knowledge needs to be abandoned (Kelly, 1997; Neuman, 1994). In abandoning this dualism perhaps there is space for holism and integrity. In our endeavour for knowledge, the recognition of the connection between observer and observed leads to the examination of the reciprocal shaping that takes place between entities (Keeney & Morris, 1985). In this way valid knowledge is a matter of relationship, which may sometimes be enhanced if it is seen from a collective approach to knowledge, rather than simply a singular 'I' approach (Reason & Rowan, 1981). Once again, this collective approach is a movement toward a position of greater contextual honesty.

Howe and von Foerster (in Keeney, 1983, p.81) describe this shift away from dualism as,

"a shift from causal unidirectional to mutualistic systemic thinking, from a preoccupation with the properties of the observed to the study of the properties of the observer."

Some researchers believe that this goes even further, where these distinctions are inevitably arbitrary, although language inherently does not allow clarity for such

distinctions. The move to this kind of participatory perspective where the subject/object or observer/observed dualism is obliterated can be more ethical, as it questions the hierarchy and power in certain relationships, providing for a more egalitarian research space (Ponterotto, 2002).

As Gergen (1985, p.267) puts this,

“the constructivist position is one where the process of understanding is not automatically driven by the forces of nature, but is the result of an active, co-operative enterprise of persons in relationships.”

Researchers, like therapists, affect the systems they are researching whether they intend to or not, and similarly, the system and participants always affect the researcher, making research a collective endeavour (Gergen, 1997; Keeney, 1983; Parker, 2004). This connection between the observer and the observed indicates that therapists and researchers do not observe clients, but rather observe the relationship with and between them (Denzin & Lincoln, 2000). This is indicative of a second-order cybernetic view, in which the therapist and researcher are merely arbitrary definitions in terms of the system being investigated. Prediction then inevitably becomes elusive (Coale, 1992).

It is evident from this discussion, that the distinct boundary between respondent and researcher constituting the dualistic thinking of the positivistic paradigm becomes merged in the more qualitative paradigm in which the observer and observed, knower and known, are inseparable. When the research situation is viewed as an ‘observing system’, it cannot be regarded in reality as something that is independent of what people think. It can also not therefore, be ‘discovered’ in an ‘objective fashion’, the realization is that perhaps we construct our reality from our shared experiences with others in a co-created reality (Ely, Anzul & Friedman, 1991; Gergen, 1997, 2003).

Reciprocal creation of ‘reality’

Denzin and Lincoln (1998), considered collaborative language inquiry and acknowledged that researcher beliefs impact on research and on clinical work. The

concept of knowledge with experience extends to include the researcher in the system. Ideally, a method of self-development should be used to explore 'self' as researcher, i.e. the lived reality of being the researcher. Subjects should also ideally be evolved into co-researchers. This means choosing an area of research where both parties have real interests at stake. Often the participants may even become full co-researchers and collaborators. This shared examination of human interaction leads to a far more social perspective on mind. Mind is reconsidered as the product of interaction in which intimates are actively involved in contextualizing, identifying, understanding, and responding to the defined subjective experience of the other (Sanders & Arluke, 1993).

Due to 'truth' not being held within a single, objective reality, and being determined by social interchange; it is essential that the investigator interact with the phenomena over time to achieve a complete understanding of its history and the present context (Parker, 2005). This will also assist the researcher to make sound and reliable judgements. Continuing and intensive interaction between parties is required, and through this interaction investigator and respondent shape each other. This mutual shaping is a way of dealing with the multiple constructions of reality that different respondents provide (Lincoln & Guba, 1985; Moules, 2000).

Keeney (1983) has also been a proponent of this view believing that greater understanding of the processes involved in change come about through mutual understanding and sharing of information. He describes relationships not as aspects of first-order reality, whose true nature can be determined scientifically, but rather as pure constructs of the partners in the relationship, and as such they resist all objective verification. Meanings are therefore negotiated and interpreted with the client in the study (Lincoln & Guba, 1985).

Participants are always in a better position to interpret the complex mutual interactions, shaping forces and relationships that impact what is observed and studied. They often know best how to interpret the influences of value patterns and themes in their personal context, often only needing clearer definitions by the researcher. Working hypotheses are usually best verified by the people who inhabit the relevant context (Doherty, 1999).

People have the capacity for self-awareness and for autonomous, self-directed action within their world, which helps to change certain things. The whole thrust of post-modern research is to produce the kind of active knowing which will preserve and enhance this capacity and this power. Human inquiry is not only a systematic coming-to-know or awareness process, but it is also learning about life through taking certain risks. Theory and experiential knowledge are dialectically related, knowledge is therefore sought which can be used in living. Knowledge cannot be separated from action; therefore it is more appropriate to speak of 'knowing' than of 'knowledge' (Doherty, 1999).

Context

It has been suggested that the success or failure of research premises depends largely on the socio-historical and socio-cultural factors surrounding a system, rather than on 'objective' demonstration of results. In essence these cultural aspects fundamentally change the course of the research.

Smail (2002) emphasizes the often overlooked fact that most things only become intelligible within a social context. While social context is recognized as primary to this research, it seems it has often been neglected in research in favour of looking at aspects of psychological thought that focus on the person's autonomy or responsibility; all these phenomena are still, however, defined by the context in which they are embedded. Colapinto (1979) emphasizes this where he puts forward that empirical evidence is completely relative to the context from which it is obtained. This would make sense as the observer's role and epistemology is still the lens through which the evidence is gathered.

In terms of post-modern thought, scientific formulations are not the result of an exercise in applying methodological rules in an impersonal and decontextualized fashion, but always shaped by role, function and context (Gergen, 1985; 1997). Inter-subjectivity or what can be seen as 'shared subjectivity' seems to be the only criterion for the validity of an explanation or interpretation that does justice to what we experience and wish to understand (Denzin & Lincoln, 2000). This is

supported by the relativity of objectivity, the context and epistemology of the relativity will undoubtedly shape the nature of the 'empirical' evidence unearthed.

Due to this defining importance of social context it appears that qualitative research methods may be more effective than quantitative ones in grappling with the complexity of certain situations. The emphasis on social context, multiple perspectives, complexity, individual differences, circular causality, recursion and holism provide a much fuller and richer perspective which may actually be closer to lived reality than imagined (Atkinson & Heath, 1987; Parker, 2004).

In studying persons in context, tacit understanding is inevitably drawn on and emphasized. This is done with a phenomenological perspective that includes the acceptance of ambiguities, contradictions and imprecision, which are uniquely valuable sources of insight and change. Often such contradictions and ambiguity represent painful themes for the respondents. However, they remain an invaluable source of information and highlight the need for emotional support to be built in to the research process and context (Flick, 2002; Parker, 2003b).

Co-creating and collaborating 'meaning'

Constructionism

A further relevant school of thought that forms part of the push towards postmodernism is that of social-constructionism. Post-modern and social-constructionist research, are approaches propagating the idea of the impossibility of neutrality. The 'social-construction' referred to here concerns the way in which people together co-create the meanings and definitions of their lives. Social-constructionism defines this as happening primarily through language and the symbolic meaning represented in the language, which people create and co-create for themselves (Gergen, 1982; 1997). Again, it is due to what is seen as the rejection of 'blind objectivity', that the constructionist orientation is at times criticized for what could appear to be rampant relativism.

Constructionism does not offer any fixed rule and in this sense is relativistic. However, this does not mean that anything is acceptable. Rather, many vantage points are considered relevant, and juxtaposed against one another for accuracy (Parker, 2002). Social constructionism and the respect for the individual's experience of reality have moved toward the idea of the individual's reality as defining accuracy in post-modern research (Smail, 2002).

Co-authorship

Post-modern constructionist research involves a much closer relationship than that which is usual between the researcher and the researched. Significant knowledge of persons is generated primarily through reciprocal encounters between participant and investigator, for whom research is a mutual activity involving co-ownership and shared power. Shared power is important because of the issue of respect; this is with respect to both the process and to the product of the research. The shared language and praxis of participant and investigator create 'the world' to be studied and is thus said to be co-created and co-authored (Reason & Bradbury, 2001; Reason & Rowan, 1981).

The key terms would be the co-ownership and co-authorship of the process of communication. This type of research approach is always supporting or questioning social forces, both by its content and by its method. The constructionist researcher attempts to discover and expose rigidities and fixed patterns. In understanding the definitions that underlie these stuck patterns change is thus enabled. This change may occur even when it is not necessarily intended, as people create a natural flow of meaning between themselves (Denzin & Lincoln, 2000).

The important shift for the researcher is that the searching of the intra-psychic regions of the human mind changes to the processes and meaning of the interaction between human beings. The questions 'why?' and 'how?' are no longer answered in terms of a psychological state of mind or intra-psychic entity, but rather with consideration of all persons in relationships. This shift in focus has often proven to be extremely challenging for many individuals. However, for the open-minded, resilient and honest researcher, the horizons have to move beyond

the rigidity of our own perceived facts, to include the larger context around us (Gergen, 1997; Parker, 2004; Smail, 2002).

Because this inquiry is value-bound, the values of the respondents have to be taken into account, just as those of the researchers must be accounted for. Respondents are collaborators on multiple levels of the research endeavour. Negotiating outcomes is a continuous activity which occurs informally as the respondents draw inferences from what the investigator does, the questions asked, and the themes or cues that are pursued (Reason & Bradbury, 2001).

Reason and Rowan (1981) believe that the respondents or co-researchers should be involved in creative thinking at all stages of the inquiry. If disagreement is met, then the researcher and respondent negotiate until consensus is achieved (Hertlein et al., 2004). The research conclusions, stated as propositions, rest on the researcher's experiential knowledge of the respondent (Reason & Bradbury, 2001). This knowledge is most empirically valid when the researcher and respondent are fully present and open to each other in a relationship of reciprocal, open inquiry. Ignoring the reciprocal relationship of investigator and respondent will result in partial and distorted data emerging, and hence a questionable outcome (Greer, 2003; Neuman, 1994). There is no such thing as theory-free observation. Researchers join their respondents in co-creating a shared reality through the epistemological distinctions they establish.

As Gergen (1985, p.267) points out concerning the constructivist position,

"the process of understanding is not automatically driven by the forces of nature, but is the result of an active, co-operative enterprise of persons in relationships."

The therapist-researcher should not hide behind a role or set up situations where others can only play limited roles. Full involvement of co-researchers in the planning of the research is important, and in making sense of the experience and the communication, as well as in the data-gathering itself. One important change is that all the people involved will tend towards becoming more aware, realized,

and self-directing. The researcher attempts to get into the proverbial shoes of the respondent (Sanders & Arluke, 1993).

The researcher becomes the subject's partner or student and describes the events experienced and observed, using the language of the respondent rather than the language of a different context (Neuman, 1994). As co-researchers, the researcher and respondent construct and re-construct the multiple realities that evolve during the research inquiry (Reason & Bradbury, 2001). Since individuals are not necessarily the best authority on the validity of personal constructions and intentions, co-operative inquiry becomes vitally important in achieving clarity and understanding as it provides an opportunity for corrective feedback (Becvar & Becvar, 2000).

The post-modernist attempts to develop a genuine relationship with the respondents and is aware that in the process, they may both change as they mutually influence each other. In so doing the direction that the data gathering takes at a particular moment is dependent on what data have already been collected and how they have been collected (Greer, 2003; Lincoln & Guba, 1985). What was called 'new paradigm research' is now called 'post-modern research' and it enhances the development of persons in important ways (Hertlein et al., 2004).

Questioning power: the feminist biographical approach

An approach called 'the feminist biographical method' in psychological research is further relevant to post-modernism. This method falls under the post-modern umbrella, but more specifically concerns itself with researching and voicing issues surrounding women and perceived power imbalances in society (Popadiuk, 2004).

This is an in depth interpretive methodology that is useful for extensive research in the field of psychology. This qualitative method is an excellent tool for analyzing individual narratives in relation to the larger cultural matrix of the society in which women live. Although an oral interview is often the primary strategy employed for data collection in this methodology, other sources of information such as journals or cultural texts can add new dimensions to the research. The strengths of the

feminist biographical method include depth, context and meaning found in research; the inclusion of women's experiences and voices in academic research; and the ability to conduct a socio-political analysis of potentially marginalized people (Greenwood & Levin, 2000; Popadiuk, 2004).

The outcome of research should be knowledge. Knowledge is inevitably bound up with outcomes that could affect people's positions of power. Often the responsibility that each individual takes for his/her actions and experiences makes it seem as if power is enclosed within them (Parker, 2003b). Research can therefore never be neutral and this needs to be respected. Research that is disrespectful to the participants will do damage and be counterproductive, while research that shows respect to the participants and context will open ended possibilities.

The question of challenging power in research is defined by the deep respect for the particularity of individual situations being upheld. This is important to consider, as issues of power dynamics in psychology and society are particularly relevant to this study.

Qualitative Methodology

Post-modernism brings into focus the qualitative approaches to research. Over the years qualitative approaches have become more acceptable in the scientific community as a viable way to explore and understand social science phenomena. These methods draw specifically on roots grounded in anthropology and sociology which are always embedded in deeper complexity. The qualitative research paradigm therefore provides a flexible and more holistic alternative to the quantitative research paradigm for exploring social phenomena (Silverman, 1993).

Qualitative research attempts to understand the meaning of naturally occurring complex events, relationships, and interactions within the relevant research context, from the point of view of the actual participants involved, i.e. being part of the context and not attempting to observe it objectively. This approach

therefore allows for examining the perspective of the client rather than only that of the researcher (Creswell, 1998).

It is important to consider what the common characteristics of qualitative research designs are, and how these qualitative studies differ from quantitative studies. One of the primary differences is that it attempts to approach data without a priori assumptions, seeing events in a new way before interpreting them (Moon, Dillon & Sprenkle, 1990). Qualitative research design can take on many forms, namely phenomenological or experimental research, participant observation and the case study, to name a few. In all of these forms, the common goal is preserving the logic of the natural context, which is the preferred form for understanding human beings and their behaviours (Valle & Halling, 1989). The natural context refers to the way in which phenomena arise in the relevant situation before any interference has taken place.

In qualitative research, ethnographies or phenomenological approaches can be used. Most qualitative research reflects a phenomenological perspective in some form or another (Creswell, 1998; Moon et al., 1990). These very deeply personal processes often lead the investigator to that which can be generalized from the research. The generalization is not in order to make predictions, but to form general statements about the power, possibilities, and limits of persons acting within a given context.

The ethnographies come from anthropology and require the researcher to be immersed in the environmental context over an extended period of time. Ethnographies often entail that the researcher has lived the lifestyle and experience of the people in that particular context over an extended period of time (Greer, 2003). The current study is rooted in a phenomenological stance, however, rather than an ethnographical stance. The phenomenology is based primarily on looking at the questions of belief and the structure of consciousness. The primary data gathering procedure in phenomenological research is that of qualitative interviews and case studies. Qualitative research looks for universal principles by examining a small number of cases intensively. It is further concerned with the holistic understanding of a phenomenon.

Like all research, qualitative research is informed by theoretical principles and thinking, either explicitly or implicitly. Most qualitative researchers generally state the purpose for their research clearly and explicitly at the beginning of a research project; however, research questions are developed and often change during the course of the study. This sort of approach to research allows for a more fluid research design, which is flexible and responsive to data in a way that most quantitative designs cannot be. Qualitative research questions are also more open-ended and exploratory as is also reflected in the respectful approach to clients in therapy (Moon et al., 1990; Rossiter, 2000).

If the research path is one of generating theory based on the topic of interest and questions asked, a generative approach is an optimal beginning. In generative research, the researcher does not begin with a predetermined formulated hypothesis that one then proceeds to test. Instead the goal is to develop theoretical relationships derived directly from observations and in-depth interviews of participants within the clinical setting (Sells et al., 1995). By describing general patterns, which exist within the particular, an acceptance is created that often the most personal and particular leads to the most applicable, general knowledge. Every attempt needs to be made to do justice to the person-in-context as a whole, and in practice this often entails the use of multi-level, multi-disciplinary models of understanding (Reason & Rowan, 1981; Rossiter, 2000).

What one wishes to obtain from qualitative material is structured as much by patterns of relationship that are set up in the research process as in the text (Parker, 2003a). The account of the discourse that emerges from this is one in which the researcher is seen as thoroughly embedded in discourse. Constituted by discourse, this then gives meaning to the speech of an interviewee or author of a text (Moon et al., 1990). In some forms of qualitative research narrative methods are recognized as consistent with a social constructionist epistemology and phenomenology, as is also the case within this study (Greer, 2003).

One of the most important values about this type of research is an awareness of what is being done to self and others, and of what follows from that – both intentionally and unintentionally (Parker, 2003a). It is not about giving up important ideas like truth and relevance, but creating awareness in people so that

they are able to recognize that scientific principles can have human costs when they are narrowly applied. For too long social science has treated people like things or objects.

Method of this study

This section describes the different methods, techniques and approaches used during the research process. It is a map of the layout of the elements that influenced this study, and the way in which the case study and the subsequent conversations and discussions with colleagues and peers were conducted. It also aims to provide the reader with a thorough understanding of other theoretical aspects that influenced this study.

The Context

Of all the principles in post-modern research, respect and recognition for the role of the natural and individual context appear to be deeply powerful and influential in terms of the outcome and process of a study. The saying, 'context defines' is therefore relevant in any qualitative study. This fundamental principle of context seems to reverberate through all levels of social research as it provides the boundaries and fabric from which the study is moulded (Doherty, 1999; Greer, 2003; Parker, 2005).

Context comprises the fabric of the research experience and cannot be divided or reduced, 'the whole is more than the sum of the parts' is the primary premise underlying this. What a person studies can therefore not be fragmented into separate parts or pockets for specific isolation in any study (Greer, 2003). Cybernetics and quantum physics put forward the idea that the very act of observation in an experiment or study influences the outcome of the study, which creates a feedback loop colouring what is seen by the observer (McTaggart, 2002; Neuman, 1994).

Naturalistic or post-modern research focuses on this approach where the participant's context is viewed and utilized as being the most honest context, providing the fullest understanding of that particular phenomenon. The natural context is further important because contextual value partially structure-determines what will be found in the study as predicted by quantum physicists (Lincoln & Guba, 1985). A staged interview situation may often deliver skewed results as different distinctions are drawn than what would occur if the process evolved more naturally from the context (Neuman, 1994).

When considering context, certain relational issues become relevant. For instance, the reciprocal effect that researcher and respondent have on one another and how the relationship between them is shaped carries responsibility for the researcher. The therapist by virtue of observing the respondent's interactions enters into a relationship with the participant that is quite different to that of someone doing survey research (Bussell, 1994). This relationship is therefore a key factor in the context along with the personal dynamics that both parties bring to the study. The investigator needs to be attuned and sensitive to this regarding the way in which information is elicited and managed within this space.

According to Reason and Rowan (1981), it is the role of the investigator to create and encourage a culture and context in which the participants can study and observe themselves. Studying 'self' in action requires that a person's thinking is conducive to discovering the deeper layers in social situations and contexts, rather than assuming a prior knowledge at the outset (Bussell, 1994).

Furthermore, because research often involves disclosure of very personal material, the researcher has to be particularly sensitive to balance the risks posed to the participant by procedures that could be experienced as intrusive or threatening (Bussell, 1994). Researchers need to attempt to define and assess participant risk within the context, such as distress and embarrassment. This is particularly relevant in terms of working with a person's intimate journals and becomes an ethical concern in research (Reason & Bradbury, 2001).

Due to the sensitivity of this kind of personal work with people, and the relational factors involved in the context, the facilitation and management of a healthy

relationship between investigator and respondent is a vitally important aspect in creating the most appropriate environment for developing significant relationships to be studied.

Style of inquiry

Historically, the case study has been the foundation of clinical investigation in a number of fields, but it fell into disfavour with the increased focus on empiricism in clinical research (Wolcott, 1995). With the changes that came about in qualitative and post-modern research, the case study once again became a popular method of research. The case study as a qualitative research method has been criticised for failing to be a scientific method of research, as lacking in objectivity, as being unreliable and invalid, and for not being a formalized method involving scientific hypothesis testing (Kvale, 1990). These criticisms, however, stem from a specific theoretical viewpoint, and are representative of a positivistic paradigm (Reason & Bradbury, 2001).

Definitions of the case study seem to vary widely (Denzin & Lincoln, 2000). A case study, as the word implies, is the study of a 'case', which may include a person, a group, a community, an event or an episode. The case study together with the report is an undertaking and creation of the researcher whose task is to inquire about a specific story in a particular situation. Different writers do agree, however, that a case study is an intensive investigation, a complete examination or a detailed account of a facet, an issue, or even the events at a geographic setting over time. It has also been defined as the detailed account of an individual person's experience and can be described as an in-depth, detailed rendering of the life space of a single individual or social group (Kazdin, 1981; Lincoln & Guba, 1985). Such multiple realities are often difficult to convey in a meaningful way in quantitative form (Kazdin, 1981).

A first function of the case study is that it provides audiences with a 'revelation' of a specific situation, context, person, community or system. Platt (1988) refers to this revelation as a means of making visible specific phenomena which would otherwise be cut off from certain audiences. It therefore provides a channel for

people to have a voice about unique and often unspoken experiences or situations. A second function is that it presents material to show what is meant by an abstract term, thus helping the reader to grasp the implications of the discussion. A third function, according to Platt (1988), is that the case study provides the reader with 'human interest' as well as a more humanistic mode of presentation than that of the traditional 'scientific' or quantitative style.

The qualitative presentation makes for easy and pleasant reading, and provides an aesthetic appeal to case study material. Kvale (1996) also refers to the important functions of building a bridge between theory and practice, and providing a motivational case study which draws people into the particular context or event. The natural approach to the case study ensures that the focus is on the entire landscape of events and actions in order to express the findings in a holistic rather than a reductionistic manner (Moon et al., 1990). When working qualitatively the case study is interpreted according to the particulars of that relevant case instead of in terms of generalizations.

It can be further described as an idiographic approach. The idiographic approach aims at understanding the patterns of relationships between the components that are being studied. Idiographic interpretation becomes important when the researcher wants to experience the meaning/s in any relevant situation. Idiographic interpretation implies understanding in a truly holistic manner, which is consistent with post-modernism (Reber, 1985). Within this it is ultimately the inquirer's responsibility to be true to the authentic meaning of the case (Kazdin, 1981; Reason & Bradbury, 2001).

This rendering or description is further developed through participant observation, which extends to become 'co-participant' interaction in post-modernism, and is a primary feature of the case study. These along with personalized descriptive accounts from the participant/s are usually included in the case study. Case study methodology can thus be described in terms of interaction, observation, evaluation, holistic principles, feedback and co-construction of meaning (Silverman, 1993).

Case study research does not use statistical inference, the validity may therefore be established by a logical process termed 'analytical generalization' or 'analytical induction' (Kazdin, 1981). Fact is based on the validity of the analysis rather than on the accuracy of representation of the events. Operational definitions are in fact meanings ascribed to behaviours, in the sense that they clump a variety of events together under the same concept. Operational definitions are not isolated, but are a part of the last step within a process of hypothesizing that begins at a more abstract level of concepts (Reason & Bradbury, 2001).

Wolcott (1995) emphasizes the importance of developing the case study, and emphasizes that a person's own experience assists in the development of the case study. Certain factors should be continually assessed at several different times during the study. These involve asking what the expectations of the researcher were with respect to the problem, the context or setting, the transactions, the outcome, the trustworthiness and the relevance of the study (Wolcott, 1995; Yin, 1989). The case study report will consist of all the evidence one has collected during the case study. When putting all of this onto paper, the case study report could usefully adopt a historical format, telling the person's story as it unfolded over time (Fontana & Frey, 2000). Yin (1989) also proposes that the participants in the case provide revision of the case study, in this way more fully becoming co-creators in the study.

The case report is consequently the ideal for providing the rich or 'thick description' thought to be essential for a shared understanding of the phenomena. It attempts to make clear the complexities of the context and the way these interact. The values and the epistemology of the investigator, of the context, and the participant are not done justice by the traditional, conventional forms of research. The case study provides an aesthetic appeal as case study material renders situations more 'real' and understandable. The use of such linguistic devices should create descriptions so vivid that the reader can almost see, hear and feel them (Ely et al., 1991; Maione, 1997). New ideas, insights and hypotheses evolve as the inquirer seeks to reconstruct the constructions of reality provided by the investigation (Maguire, 2001). This is why it is so important that methods are 'context-congruent' (Keeney, 1982).

Lincoln and Guba (1985) compare writing a case study to that of writing a novel, in that it should unfold in skilful ways. The narrative could benefit by being shaped by colleagues and respondents, which makes it possible for the case to reach its final form. The aim is to produce a story that is credible to others who are acquainted with the case. The writer however, should be intimately familiar with the case. This will assist the researcher in writing the report, as this intimate position will add a dimension of complexity (Durrheim, 1999).

The transformation of case study into an art form, like the transformation of a dream into a poem, entails two related moves, i.e. the fashioning of an individual statement into a form that can stir awakening in others, and the enlivening of an inert discourse with a spark of individuality (Maguire, 2001). It should always be remembered that there are times when enquiry into meaning cannot usefully be reduced to the research mould of logical argument and testing of probability statements. With this proviso, case-study and empirical research should, on many occasions, go together as complementary moves (Creswell, 1998; Wolcott, 1995).

Research design

Within the relevant study an emergent research design was used. An emergent design is an evolutionary design and process. Here the investigator elects to allow the research design to emerge and define itself. This evolution takes place as patterns become apparent throughout the research process. By allowing the design to emerge, rather than constructing it pre-ordinately a greater sense of integrity with the context and the phenomena is achieved (Durrheim, 1999).

The term 'emergent' is congruent with ecosystemic principles that speak of evolving contexts and meanings reflecting the underlying theory of this study. The fluidity of any system therefore eliminates the possibility of a fixed design which would limit the changing context and research requirements (Colapinto, 1979; Lincoln & Guba, 1985). Likewise there is no specific sequence in which conversations or activities will take place, as each subsequent step determines the next.

It is inconceivable that enough could be known ahead of time about the multitude of realities and possibilities within the research context to devise adequately a research design. The outcomes of interactions between inquirer and participant are largely unpredictable in advance. There are always various belief and value systems within the research context that will interact in unpredictable ways to influence the outcome of the study (Lincoln & Guba, 1985). The required idiographic design will, however, reflect the evolution of the case and of questions involved, by describing the changing narratives of the individuals in question (Durrheim, 1999; Kvale, 1996).

The primary research instrument will be the investigator in conjunction with the individuals acting as respondents. The investigator's activities are included within the research as forming part of the outcome of the study, along with the participant's narrative (Torbert, 1976). In this design, interruptions are not simply viewed as irrelevant inconveniences to be avoided or suppressed as far as possible. Rather they are treated as positive moments of definition, symbolizing all that is not included within the researcher's intention, but that warrant further investigation (Kvale, 1996; Terre Blanche & Kelly, 1999).

This research design utilizes a micro-systemic level of research, i.e. the psychotherapy sessions with clients and analysis of psychotherapy journal entries as a means of obtaining data, as well as macro-systemic level research, i.e. informal discussions with colleagues, peers and members of the public. The design was further evolved through the ongoing dialogues which evolved with different participants over time. The journals were discussed and analyzed over several weeks until emerging patterns were identified. Through this the client's framework was worked with to find shifts in the psychotherapy process and in personal patterns. A strong emphasis was placed on awareness of personal narrative and dialogue and how this links to the construction and creation of meaning in psychotherapy.

The modality of journal writing allows the exploration of personal constructs to unfold, and within this framework, to map and 'witness' the psychotherapy process which is unfolding (Moon et al., 1990). Journaling further creates the experience of ownership and accountability which facilitates the therapeutic process of self-

discovery. In other words it is a means of becoming aware of personal constructs or 'voices' (Epston, 1998). The journal provides the individual with a tool through which a meta-level perspective of the individual's life can be accessed (Richardson, 2002).

As journaling is a narrative tool it provides great description, detail and richness to what is happening in the person's life. It does however have limitations, as it may not be suitable for all populations of people. Other tools able to provide a meta-level perspective may be more suitable to groups that cannot use journals, if they capture the principle of the developing narrative. Such tools may include brainstorming and discussion sessions (Richardson, 2002; Tedlock, 2000).

The macro-systemic level was focused on through exploring societal-systemic issues relating to psychotherapy. This was done through the conversations with colleagues and informal group discussions. These discussions explored patterns which extend beyond the therapy room; through this attempting to gain insight into the ecosystemic issues potentially influencing psychotherapists and psychotherapeutic effectivity.

The Human instrument

Post-modern research presents a new challenge to the investigator in terms of the research instruments that can be used. The strong focus on context and multiple realities means that questionnaires and other more quantitative methods alone will not do justice to the study. This is primarily because these instruments are two-dimensional and often cannot capture the depth and nuances of the context and other relational dynamics. Furthermore, these instruments can also not do justice to the multileveled evolution of the growth of human beings. Due to these limitations of other instruments, human beings are usually the most accurate measure by which one can record contextual development, which is three-dimensional and multileveled. Therefore, the primary data-gathering tool in this study are the actual individuals involved (Kvale, 1996).

It seems virtually impossible to devise a non-human instrument with sufficient adaptability to encompass and adjust to the variety of realities that emerge in such a rich environment. Instruments may in general be value-based and interact with local values, but it is only the human instrument that is able to identify and attempt to take into account the resulting biases within which such values are embedded. Furthermore, a human being has the adaptive characteristics necessary to cope with the indeterminate situations that will be encountered, while working with human relationships that are unpredictable (Lincoln & Guba, 1985; Reason & Rowan, 1981). Human beings are uniquely adaptable in their ability to collect information about multiple factors and at multiple levels simultaneously, whereas electronic or other means of data gathering are not nearly as flexible. Other more mechanical instruments are more intrusive and would interfere in the shaping of the relationships and the context (Reason & Bradbury, 2001).

Another characteristic that puts the human instrument at an advantage includes the responsiveness of the individual. A person can sense and respond to all personal and environmental cues and can interact with the situation in order to become aware of its qualities and to make them explicit. Most importantly, the inquirer's awareness is the most important instrument and must be finely tuned and honed (Reason, & Rowan, 1981). To understand any psychological state, the inquirer needs to be able to experience it. To understand any social situation, she must be able to get into the frame of reference of those involved. Yet at the same time she needs to be able to maintain a perspective on it. This kind of awareness demands that the researcher simultaneously attends to a variety of levels of personal experience (Lincoln & Guba, 1985; Reason & Bradbury, 2001; Taylor & Bogdan, 1984).

The human being can function simultaneously in the domains of formal as well as tacit knowledge, viewing any phenomenon holistically. The human being can also process data as soon as it becomes available, formulate hypotheses on the spot, change them if necessary, and test those hypotheses with respondents in the very situation in which they are generated, giving feedback to the respondent for clarification and correction. In this way atypical responses can be explored to test the validity of these and achieve greater understanding (Wolcott, 1995).

In this post-modern paradigm, meaningful human research is impossible without the full understanding and co-operation of the respondents (Kvale, 1996). Along with reciprocity as a defining factor, human beings are also understood to be symbolizing beings. They find and give meaning in and to the world through symbolic experiences through various constructs and actions. The relevance of this to the research context becomes apparent when it is seen how fundamental the respondent is in gathering and defining the information and the understanding of the research process (Kelly, 1999a). Through dialogue, interaction, and co-operation the participants help to define the process of how the researcher symbolizes the experience of these individuals in the world through mutually defined co-constructions (Grafanaki, 1996).

The issue of trust and ethics in the psychotherapy situation highlights the importance of making the researcher's role clear, and making any researcher biases known and explicit when reporting on such studies. The researcher can describe and delineate those aspects of her own background that she believes informs and shapes her perceptions.

Sampling and Selection

Qualitative research adopts a very different view on the selection of research 'subjects' or participants to the conventional research paradigm. Generally a few cases are studied intensively, but often only one case is finally selected. Various types of selection may be used including convenience selection, comprehensive selection, unique case selection as well as others. All of these methods are appropriate for research designs that focus on generalizations to theory, rather than on generalizations to populations (Moon et al., 1990; Richardson, 2002).

Convenience and case selection are utilized in this study. In selecting the participants in this study, the research procedure involved eliciting participation of a client in psychotherapy and colleagues who were willing to discuss their experiences of being a psychotherapist. The main criterion of the selection is that the client has to be prepared to voluntarily and willingly do psychotherapy and commit to journal entries of the process. The journal entries need to keep track of

what is felt to be meaningful, significant and what induced change in the process for the participant (Sells et al., 1995).

The request for participation in the study was formulated around whether the client was willing to participate in a study reflecting on personal changes she experienced in the psychotherapy process. The participant would be informed that the information could greatly contribute to the present knowledge of therapeutic processes and the variables of change that influence psychotherapy (Kelly, 1999a). The professional colleagues were requested to explore their opinions and experience of being a psychotherapist in order to understand the wider social influences impacting psychotherapy from the professionals' perspective. Opinions were also gathered from lay people in informal discussions.

The idea of research 'subjects' participating actively in the construction of the research may seem to be foreign to the scientific enterprise as participatory research especially makes different role demands on the researcher (Reason & Rowan, 1981). In participatory research, compared to other types of research, the researcher is more dependent on the individuals from whom data has come, and has less unilateral control over the research process, as well as more pressure to work from other people's definition of the situation (Besa, 1994; Sells et al., 1995).

In the study the client and colleagues also provide a double lens description to the study by discussing and sharing processes and thoughts with the therapist. This approach is advised by Yin (1989), the primary reason being that the participants, inherently understanding themselves, can provide helpful comments about the study, and provide some form of validation for the constructs drawn by the therapist.

Data collection

Data collection and data analysis used in qualitative research differ from those used in quantitative research designs. Rather than delaying analysis until all the data have been collected, researchers analyze data throughout the study (Lincoln & Guba, 1985; Moon et al., 1990). In other words throughout the process,

discussions are usually transcribed, read, coded and categorized. Categories and variables may initially guide the study, but they become more refined as more interviews are analyzed. Data collection and analyses are intimately linked because the researcher may not know what questions to ask until initial interviews and field notes have been analyzed and tentative conclusions formulated (Sells et al., 1995; Strauss, 1987; Yin, 1989). Typical data collection techniques in qualitative studies include both participant and non-participant observation, interviewing and document analysis (Kelly, 1999a; 1999b).

The use of field notes, e.g. journal entries, or therapist's notes, are often cited as being a preferable mode of research over that of audio or video recordings (Sells et al., 1995). Although greater fidelity may be obtained with recordings, the issue of objectivity, i.e. the importance of remembering that the researcher still records only that which she chooses to record is still relevant. Recordings also disturb the natural ecology and context in that individuals often feel self-conscious. Notes are often less threatening than recordings to the participants. These notes permit the investigator to record personal thoughts, lending greater clarity and understanding to how the mutual 'constructions' took place and how all members contributed to this. This has clearly been stated by Lincoln and Guba (1985), "indeed, the advantage of field notes over recordings seems to us so great that we do not recommend recording except for unusual reasons" (p.241).

Findings from the data analysis of each session or discussion provide the researcher with new questions. In this way data analysis procedures directly influence data collection throughout the study. There are several distinct data analyses employed, the most common being domain analyses, comparative methods and grounded theory as well as conversational analysis. Conversational analyses will be used in this case where the dialogue is broken up and analysed to extract themes. Researchers often begin with open-ended questions, as this provides a provisional, initial focus to start with. As data analysis of each new interview or observation unfolds, it is not uncommon to find questions evolving to focus more specifically on certain theoretical areas and new categories (Strauss, 1987; Viljoen, 2004; Yin, 1989). The reciprocal process between data collection and data analyses continues until theoretical saturation has taken place and no more new categories emerge (Greer, 2003; Reason & Bradbury, 2001). The

narrative method with an ecosystemic understanding of the client's world was used in this study.

Data collection is also important where data validity is concerned. Traditional research paradigms emphasize an elaborate set of criteria for validity. Simply stated validity implies an authentic representation of reality. Here the data collection process that is most relevant to both parties determines its validity. When the data collection process is disjointed from the context and content of the dialogues, it becomes invalid. This makes it imperative for the researcher to be inventive about methods of data-collection. The challenge to innovate such methods of data-collection can be met successfully in a collaborative effort between the researcher and the participants. The researcher alone cannot set the limits of validity in such a research process. Consensual validation that is relevant and meaningful to both parties can facilitate innovation in the data-collection process (Anderson & Goolishian, 1988; Hagan & Smail, 1997).

Data analysis

The data analysis is a vitally important aspect of any research. This makes sense of what the context, content and dynamics of the study are yielding. Data analysis in qualitative research is inductive and recursive. It generally occurs throughout the data collection phase of the research rather than at the end of it. The goal of the analysis is not to support a hypothesis but to generate rich descriptions of phenomena and encourage or evolve new theory (Viljoen, 2004). Results in such studies are usually called assertions. Detailed descriptions are obtained through open-ended interviews and observations that generate core categories or emergent themes across all the interviews and observations in the study. In the final report a credible story needs to unfold and be told (Moon et al., 1990).

Content analysis is used in most process research. Content analysis is a coding operation done on transcripts or other textual materials. The words, sentences, and paragraphs of the text are classified into content categories to ascertain which themes are recurring. The themes are typically categorized to capture specific behavioural episodes of a live therapy session, journal entries and in this case, also the discussions with colleagues (Hagan & Smail, 1997). The coding into

themes adds a richness of dimension to the work. In more traditional research the coding may be more structured in terms of very specific categories. In post-modern research the categories tend to be more fluid, overlapping at times with blurred boundaries as they are all interconnected. In contrast to traditional research where temporal linearity is used, the qualitative study uses the same concept of time, but also recognizes the reciprocal and bi-directional impact that qualitative findings have on one another (Sells et al., 1995). The unpacking of the raw data according to Kelly (1999a), is a stocktaking activity. Its aim is to reveal the different layers and complexities in a text and is not a strict time line.

In order to organize the raw data into themes which make sense for analysis, the researcher is generally required to draw a host of distinctions, organizing the data to fit into conceptual categories. The most desirable process is often one in which the researcher can retrace the distinctions that have been drawn in constructing any view of the data, so that the reader may do likewise. In a sense, the reader is shown the process of constructing a view. Once readers learn the particular way of drawing distinctions proposed and illustrated by a researcher, they can begin drawing their own set of distinctions. Participants and readers will decide the legitimacy of the distinctions as they experience it for themselves. Although most people will apply the same general criteria in deciding the legitimacy of any particular way of constructing the experience, each person will apply the criteria uniquely. Criteria of choice influence the decisions of readers rather than dictating the choice to be made (Greer, 2003). It is important that researchers begin to show more clearly how certain distinctions have been drawn, in organizing the world of experience, so that it may be learnt from and benefit future research (Atkinson & Heath, 1987).

Qualitative data can be useful in the sense that various domains of power relating to how the client experiences life can be mapped (Hagan & Smail, 1997). Quotes from interview transcripts can be used, as well as methods defining problems in the client's language rather than that of the therapist (Greer, 2003). Through descriptions of conversation, the goal is to expand, revise, and operationalize theoretical concepts that have emerged directly from the clinical setting under study and not from a pre-existing literature review.

The aim is further to generate theoretical concepts and collective themes that come directly from the detailed descriptions that the participants provide the investigator with. These are obtained from observations that generate the core categories or emergent themes within the study (Sells et al., 1995; Wolcott, 1995). The data collection and analysis are intimately linked because the researcher may not know what questions to ask until initial information has been analyzed and tentative conclusions formulated. This encourages an open mind and an inductive strategy. With careful selection and a thorough filtering of details a case study report is developed (Hagan & Smail, 1997; Richardson, 2002).

Through different qualitative methods, theoretical concepts are generated inductively from informant interviews and researcher observations. The researcher then usually explores theoretical sampling. Theoretical sampling focuses on sampling 'incidents' that seem to show theoretical relevance (Strauss & Corbin, 1990). The interest is in gathering data about what persons do in terms of interaction and the range of conditions that give rise to these variations. Theoretical sampling is therefore conducted with an eye toward the evolving theoretical relevance of concepts. The researcher continues until theoretical saturation of each new category is reached (Moon et al., 1990; Viljoen, 2004).

Discourse analysis is also used to understand emerging themes. However, rather than being a particular method, it can rather be seen as a way of approaching and thinking about a problem. Discourse Analysis is neither a qualitative nor a quantitative research method, but a manner of questioning the basic assumptions of quantitative and qualitative research methods (Parker, 2004). Discourse analysis does not provide a tangible answer to problems based on scientific research, but it enables access to the ontological and epistemological assumptions behind a statement or a method of research. It will not provide absolute answers to a specific problem, but enable understanding of the conditions behind a specific 'problem' and the assumptions surrounding this. Discourse analysis aims to provide a higher awareness of the hidden motivations in people, therefore looking at ontological and epistemological questions (Brooks & Edwards, 1997).

Discourse analysis is also generally perceived as a product of the post-modern period. The reason for this is that it does not provide a particular view of the world, other than that there is no one true view or interpretation of the world.

In more traditional qualitative research the researcher typically goes back to the participants to verify the category system that emerged from the content analysis, sometimes called domain analysis. In qualitative or post-modern research this process is called 'informant verification'. Issues of internal validity are addressed as the researcher verifies with the client themes that emerged in the data analytic process. If discrepancies occur, categories are refined or modified accordingly. Hence, the category system is supported, disconfirmed, or modified by both parties. If the category system is disconfirmed, the researcher is required to return to collect more data and conduct further analysis, which is rare with collaborative research as these are constructed with the participant (Sells et al., 1995). During the co-creation process, multiple realities are juxtaposed against one another and mutually moulded (Viljoen, 2004).

Reason and Rowan (1981) believe that inconsistencies and discrepancies in the client's content and process reflect epistemological gaps within the respondent's descriptions. Each member's espoused values and actual behaviours are important, as apparent incongruities can lead to conversation resulting in the person exploring more of his/her social reality (Kelly, 1999b).

In qualitative research, it is often difficult to determine when enough information has been collected. The same is true when the report writing must end. Kelly (1999b) believes that in some sense one can never say enough, and that although the aim of the research is not to reach one definite point, there is a time when the project has to end. Kelly (1999b) suggests that among other things, research should be concluded when new thoughts do not contribute towards greater understanding, and when the interpretation seems to answer the questions that were stated at the start of the study.

Tangible reports

Eventually the arduous ongoing mental act of interpreting becomes consciously placed in writing as a means of presenting the context, which was studied as fully as possible. The aim of putting this into writing is to portray vividly and richly the natural setting and subsequent phenomena inherent in such settings. It thus becomes a construction by the author, describing to the reader the scene and the pervasive qualities and characteristics of the phenomena. The Person-in-context's relational development needs to be portrayed (Ely et al., 1991; Wolcott, 1995).

The writing of a qualitative research report demands the creation of a specific narrative. It can take the form of a case study report which is usually presented as a narrative that reads like a chronology of what led up to an event and what happened during or after it, or it can read like a window into the person's life (Ely et al., 1991; Greer, 2003). The report will attempt to capture the deeper meaning and underlying patterns emerging from the different narratives in journals and discussions.

After all the case material is evaluated, the overall data is considered as information valuable to theory building (Wolcott, 1995). It is originally assumed that new information will emerge, which will influence theory building and the currently relevant theories.

Self-reflexivity

The concepts of self-reference and reflexivity are also vital to the research endeavour. People are always in a process of relating to something or someone; one therefore cannot study persons without studying the relationships they have with other people and themselves. It is due to this, that self-reflexivity is a primary principle that has been emphasized in qualitative work.

Personal forms of relating should always be open to investigation, and the observer should therefore always be aware of a personal pattern of response if the participant is to be studied and experienced in fullness. The observer, with the co-

operation of the respondent, becomes part of the field of study, which introduces the idea of reflexivity. Bakan (in Lincoln & Guba, 1985) argues that,

“an authentic psychology must concern itself with reflexivity; the effect of thinking, feeling and willing ... on [true psychological processes such as thought and emotion] themselves” (p.77).

He argues that research must focus on those things that make humans, human, such as the cognitive and creative processes including the cognition and creation and construction of reality.

The doctrine of reflexivity argues that you are free to choose personally relevant issues of research, to draw on and make explicit personal experience and to enjoy the wisdom of companionship of ‘your’ subject’. Furthermore, the concept of reflexivity is central to journal writing and discussion. Without an understanding of one’s own influences feeding back into the system; and the mutual shaping that happens between different relational dynamics, the interconnectivity of events is often lost (Ely et al., 1991; Reason & Bradbury, 2001).

Second-order cybernetics provides a further insight into this interconnectivity. In second-order cybernetics the observer usually enters the system by stipulating a personal purpose. This contrasts with first-order cybernetics where the observer enters the system only by stipulating the system’s purpose (Keeney, 1982). Thus, the naturalist paradigm flows forth from second-order cybernetics, as the researcher starts by asking what personal impact he/she is exerting on the research. This reflexive question becomes extremely important when the subjects of the study and the investigator are all human beings (Ely et al., 1991).

This highlights just how important it is that the researcher must therefore recognize herself as constructing reality, and construct herself as seeing. For instance, as an epistemologist the researcher or therapist must identify the way a particular system specifies and maintains forms of distinction. In doing so, there is also acknowledgement of the way in which the other person’s system has come to be known. This self-referential process generates recursive epistemologies (Schwandt, 2000).

Self-reflexivity is further expressed through the process of multiple voicing. Multiple voicing removes the single voice of omniscience of the researcher and relativizes this to include the multiple voices of all involved in the research, thereby creating greater reflexivity. By inviting research subjects or clients to speak on their own behalf, i.e. describing, expressing or interpreting their own 'voice' within the research report itself, further enhances the reflexivity (Gergen, 1990a; 1990b). Traditional 'realist discourse' is also replaced in post-modern thought with forms of writing cast in opposition to 'truth telling'. Examples of this would be that the research descriptions are expressed in the form of fiction, poetry, or autobiographical inventions, which allow for further reflexivity (Gergen, 1997)

All the intent, energy, passion and investment that goes into a particular content rather becomes focused on the process of making a relevant distinction. Therefore the person's capacity to construct a reality becomes much more interesting than the actual content of that reality. Less intent is thus placed on the 'something', and more on the process of what is happening to arrive at the 'something' (Atkinson & Heath, 1987; Maguire, 2001).

The process of personal examination is so profoundly crucial that even a distinct enclosed or encapsulated sphere of individual identity can be a hindrance to the new fluid forms of identity that may be called into being (Parker, 2003a). A form of reflexivity is required that will enable the investigator and the respondents to assume responsibility for their specific position, without it becoming an 'absolute standard' with which to judge others. The different aspects that one might adopt toward post-modern research, i.e. indecision, reflexivity, irony, an attention to language, as well as the consequences of articulating representations of ourselves, are indispensable, if as a therapist one is to be enabled to think beyond what is given to one at present time (Parker, 2003a).

If these aspects assist psychotherapists to look beyond the immediate, much may be gained in terms of understanding the deeper connectivity of issues being examined. Connectivity is however maintained in many other ways too. One of the best methods to maintain connectivity between events and an experience is

ultimately through the telling of the story as it was actually lived by the person. This story telling or narrative is a thread that weaves together all the aspects of the pattern emerging in the study.

Researching through Narratives

Narrative approaches to research are very powerful forms of accessing people's deeper, privately lived spaces (Penn & Frankfurt, 1994). Narratives provide a means of showcasing what individuals have experienced in the most colourful, contrasting, descriptive and personal way. A narrative cannot be replicated and lends a uniqueness of being and personal 'truth' to research that no other method can capture as poignantly.

The narrative approach is relied on in this study as it provides the type of deeper understanding and continuity that is required, and it traverses many personal aspects of individuals and broader systems. Narratives like poems, not only act as artefacts of writing, but are further products of imaginative labour that give form and meaning to peoples' experiences and lived realities. The very attempt to answer the question 'who am I?' and 'how might I have come to be this way?' requires an act of epic understanding, this process transforms the events and experiences of the past into episodes, and into parts of a story that should be cohesive (Freeman, 1998).

The use of narratives is like poetry in that it is a cultural form of making sense of the world. To 'narrativize' is precisely to transform what would otherwise be a mere string of meaningless, disconnected events into a meaningful, more connected story, usually with a plot or theme running through it (Freeman, 1998; Richardson, 2002).

As the characteristics of a given story or narrative evolve and open up, they often allow for a new, micro-analytic description of a psychotherapeutic conversation. Narrative writing also facilitates an analysis of the 'natural history' of an individual in therapy. Narrative writing may provide us with new, useful ways of studying what actually takes place in the transformation of an individual's story. The

process of consensual development of meaning in dialogue; shifts in beliefs; and the different ways in which individuals participate in the process of therapy, are further expanded on in narrative expression (Freeman, 1998; Parker, 2003a). This narrative experience serves to enrich the collaborative discourse in the study.

Story telling may also provide new operational ways of categorizing therapists' styles or orientations, and the way therapists respond to or participate in the process of therapy (Freeman, 1998; Sluzki, 1992). Studying 'self' in action requires the kind of behaviour and thinking that is conducive to discovering what is going on in social situations, rather than assuming one knows all at the outset. This approach also encourages ownership of a person's relationship dynamics.

Narrative approaches include a further aspect of knowledge known as tacit knowledge, which often emerges and is experienced as the research unfolds. Tacit knowledge warrants a more in-depth look as it forms a vital part of the experiential territory of stories.

Tacit Knowledge

In this study extensive use is made of tacit knowledge as it enhances the post-modern view. Tacit knowledge refers to the understanding people have of events and things that cannot be defined. Sometimes knowledge and lived experience cannot be captured in the daily realm of formal description. That which one inherently 'knows', cannot always be done justice by verbal language. Tacit knowledge is exactly such knowledge, it extends to the "realm of the felt, to the silent sympathies, to the unconscious wishes and to the daily unexamined usages," (Lincoln & Guba, 1985, p.194).

Although the positivistic paradigm does not take tacit knowledge into account and labels it as purely subjective, tacit knowledge cannot be ruled out because like values it pervades every inquiry made, whether the investigator recognizes it or not. Tacit knowledge is inherently part of the research context as it moulds the researcher's epistemology. Post-modern enquiry is in essence not defined by absolutes of any kind. This kind of research therefore creates a context where

human beings can bring all the relevant tacit knowledge they have to a situation, tapping into many unknown resources. Often research may in fact strengthen tacit knowledge more than conventional knowledge (Neuman, 1994).

Tacit knowledge becomes the base from which the investigator tries to build many of the insights and hypotheses that will eventually develop into relevant themes in the data analyses. The researcher is competent in actively exploring the development of unknown or undefined personal boundaries while engaged in the research (Neuman, 1994; Reason & Bradbury, 2001). Tacit knowledge often reflects our world views in a very real, uncontaminated way (Ashkenas & Tandon, 1979).

Synopsis of research methods: instruments and processes of analysis used in this study

The following summary provides greater clarity in terms of the exact research processes engaged in by the researcher during this study. These concepts have been discussed throughout the chapter, and are now condensed and presented as a synopsis and description of the steps involved in researching the question of psychotherapeutic effectiveness.

Approach

In this study, the researcher has preferred a phenomenological, post-modern stance and framework. This has encompassed questions of belief and structures of language and consciousness which have been addressed using qualitative research methodologies.

This qualitative approach is also participative, as the research inquiry is collaborative and emphasizes the mutual participation of colleagues and the individual in the case study. Language usage is further emphasized as a key element in the research.

Within this approach and study the research design is classified as an 'emergent' design (previously discussed in the chapter). This research design is most appropriate for maintaining optimal flexibility, as well as encouraging and keeping track of changing developments.

The researcher uses herself as the primary research gathering instrument, along with the research participants. This is due to the great benefits of the human instrument (also previously discussed in this chapter). The human instrument maintains flexibility and reciprocity in adjusting to the requirements of the changing research environment.

Participant selection and data collection

Participants have been selected according to availability and convenience selection, as well as through case study selection.

Initially, case study selection took place through approaching clients who requested psychotherapy and were open to the idea of participating in a research study. Several case studies were initially identified, while one was selected for the study as a representative case study. This final case was selected on the basis of appropriateness, i.e. the person most available for psychotherapy, as well as someone willing to engage in journal writing and discussion of the journals in therapy.

Professional colleagues were approached on the basis of availability and willingness to share in conversations and discussions concerning the research topic. Impromptu discussions also took place with people in public and professional spaces where conversations concerning psychotherapy naturally evolved.

The case studies, interviews, journal entries, professional discussions and impromptu conversations served as methods of data collection and information gathering.

In the case study the client's particular personal process was considered in terms of changes which took place regarding her narrative in psychotherapy. How she specifically engaged with the therapy process was also considered, i.e. openness to the process, commitment to psychotherapy, relationship with the therapist etc. This provided insight into her personal constructs of psychotherapy as well as the social influences around her which could influence these constructs.

In the case study data collection overlapped between the therapy session and the information emerging from the journal entries. Themes were extracted from both these sources and recorded in written format. These emerging themes indicated the need for a more macro-systemic view and understanding of psychotherapy. The researcher therefore turned her attention towards the larger social system where colleagues were interviewed and spoken to regarding the research question of psychotherapeutic effectivity.

In the conversations with colleagues feedback was elicited in terms of their personal experience of psychotherapy as well concerns around what they felt influenced them individually to make them more or less effective psychotherapists, as well as society's influences on psychotherapy and psychotherapist. Data was primarily recorded in the written form through notes.

Data analysis and integration

Discussions in psychotherapy sessions were analyzed for general themes. The same applied to the journal entries. Discussion sessions and journal entries were further compared to determine if there were overlapping themes. This process of content or thematic analysis provided themes which were also further categorized into trends that linked into core categories. These categories were shared with participants and fed back in follow up discussions to further enrich the process and the development of themes. Narratives between the case study and the colleagues' conversational stories were compared, cross checking for comparative core categories. These core categories appeared to relate to social discourses which emerged with all participants.

Discourse analysis was also engaged in to further the researcher's understanding of the core categories which emerged. Discourse analysis assists with investigating the deeper motivation behind specific words that are used. Discourse analysis added to the understanding of language used by the participants and society to generate and maintain certain social perceptions and realities. This was done by analyzing specific words or styles of speech which recurrently emerged and appeared to be laden with emotional meanings for the participants. These words were discussed with participants to explore and understand what they may be reflecting in terms of the meanings and assumptions held by society. These meanings and interpretations further shed light on the core categories and assisted with outlining the dominant social discourses which were included in this study.

The macro-systemic and micro-systemic themes were compared, to ascertain which themes could support a generative approach leading to analytical generalization which could be integrated into potential theoretical assertions of psychotherapy's changing role in society.

Through this the researcher attempts to sketch a view for the reader of how the research process develops and unfolds, as well as how the researcher's understanding and premises are constructed.

Conclusion

What has been proposed in this chapter reflects an important shift which occurred in the style of research. The burden of responsibility for determining the legitimacy of any particular way of constructing reality lies with the investigator, psychotherapist, client and reader. Atkinson and Heath (1987) believe that it is time to move research in a direction that more fully encourages readers as well as researchers to experience the research process fully and personally. The post-modern approach is often seen as a way to renew and improve a sense of connectivity and community amongst people. This approach and belief is supported in the style of research done in this study.

One of the most relevant points about this type of research is the understanding that in any realm of phenomena, a researcher must begin by identifying how the phenomena were constructed, as well as the distinctions that underlie the creation of this construction. Research therefore becomes a matter of re-examining what one did to construct a particular reality. Through this process of reflection and re-evaluation, the researcher becomes deeply connected to the participants and to the context, and therefore embedded in their ecology.

There is still, however, a great need for more research to consider the complexity of the ecologies within which we all live. Communally, there is a need for research to think and theorize in a way that accommodates more of the diverse living arrangements and socio-emotional structures that characterize people's lives. In other words a remembering and retrieval of the basic facts about individuals is necessary, i.e. that people live and commune with one another. An understanding of exactly what this 'community' is about; and the needs of this sense of community require further investigation. As human beings we need to embrace complexity, and to expand the traditional views of psychotherapy and how change occurs.

Therapists need to interact more intimately with other health disciplines, and other systems around them. It is crucial that therapists read or use research and contribute to its design and implementation to expand this social dialogue with other professions. Good therapists could inform research priorities and could be informed by research results, being more at the interface of medicine and psychology, spirituality, philosophy and the raw pulse of daily life as felt by their clients. Research and growth will not be heard or be significant if people cling to a reductionism that is safe, but restrictive due to its linearity.

Psychotherapy research needs to move beyond carefully controlled clinical trials towards research that involves multiple domains, with specific attention to contextual and systemic variables. The significance of the role that therapists will play in the future is a choice that each therapist makes daily with the actions expressed in practice and in research. The choice can be made to stretch the vision and the skill in the profession, and to interact more with other disciplines. Through these choices, deeper levels of other systems can be explored which

could make serious contributions to the expanding knowledge base concerning the role of natural contexts and real life experiences in psychotherapy through research. Contributions to the field of psychology can either be limited by artificial research processes, or conversely a process using the most useful, natural approach to research can be embraced.

In their introduction to the handbook of qualitative research, Denzin and Lincoln (2000, p.15) state that,

"we are in a new age where messy, uncertain, multi-voiced texts, cultural criticisms, and new experimental works will become more common." At the same time they suggested that "the field of qualitative research is defined by a series of tensions, contradictions, and hesitations."

Along with the critique and experimentation, the tensions, contradictions and hesitations in research are also viewed by many as signs of innovation and flexibility, and not deterioration. Rather, it can be viewed from a perspective whereby there is an unceasing crossing of boundaries of established enclaves, absorbing, reflecting, and creating new information. It is from within this that the vitality of qualitative inquiry is drawn. This can also be seen as an innovative power that has begun to transform the face of the social sciences. If the human impulse toward elimination, the urgency to order, and the desire for singularity can be resisted or avoided, then possibly a continuing flourishing of qualitative research endeavours, full of fortuitous incidents and generative expansions can be anticipated.

The focal points presented in this work are based on the idea that a true human inquiry needs to be rooted firmly in the experience of those it purports to understand, to involve a collaboration between 'researcher' and 'participants' so that they may work together as co-researchers, and to be intimately involved in the lives and actions of these co-researchers. I firmly believed that such an approach to human beings lends 'richness' to understanding that could not possibly be captured with any two-dimensional understanding. A simple synopsis of this type of research would be to say it is about embracing passion. Human

passion cannot be stripped from investigation if it is in any way going to be meaningful and move anyone to change.

Having paved an understanding of the research process, the following chapter addresses and explores the role of the therapist in a post-modern approach to psychotherapy. The importance of this chapter lies specifically in understanding how the therapist's role interacts with people's perceptions of psychotherapy and psychotherapeutic effectiveness.

CHAPTER 5

POST-MODERN THERAPIST

*A word carries far, very far,
and deals destruction through time
as the bullets go flying through space.
Conrad (in Zeig & Gilligan, 1990, p.xix).*

Introduction

As with most professions in society, psychologists and psychotherapists are categorized according to people's perceptions regarding the professional skills, competencies and contributions to society. Unfortunately these categories are often defined through limiting definitions. These definitions use language equated with descriptive yet marginalizing labels, i.e. people speak about therapists, and therapists speak about other colleagues as being either 'good' or 'bad' at what they do. Although such judgment categories are common in colloquial social language, psychotherapy appears to come under heavier scrutiny than other professions, with public opinion often swaying towards the 'unpleasant' spectrum of labels (Duncan et al., 1997). A further aspect of categorization presents itself where many people claim that they do not 'believe' in psychotherapy (Dineen, 2004). Although these feelings and perceptions appear to be changing over time, people often speak of psychotherapy as being 'psycho-babble', reporting that psychotherapy is a waste of time and money with little to offer. It is significant to notice that it is vastly less common to hear people speak of 'legal-babble' or 'medico-babble'.

These feelings appear to be rooted in people's unpleasant experiences of psychotherapy encounters. Such unpleasant encounters should not however in and of themselves determine whether a psychotherapist is 'bad' or unskilled, although popular opinion would lend itself to such judgement. The individual's

approach or bias to psychotherapy may actually, significantly influence the psychotherapy experience. The extent of damaging social feedback about psychotherapy appears to be out of proportion in comparison to other professions (Viljoen, 2004).

These concerns about the role and contribution of the psychotherapist in society lead to questions concerning what this role should be, as well as to what degree this role influences psychotherapeutic effectiveness. This chapter aims to investigate this relationship and the associated variables that influence it. An understanding of these relationship variables could assist therapists in the role changes that may be necessary to improve current ideas held of the profession. A change in this role could influence public perceptions of psychotherapy and the outcomes of therapy as experienced by therapists and clients.

An uncertain role

One of the general opinions fuelling dislike or mistrust of psychotherapy seem to relate to people's uncertainty or lack of knowledge regarding what psychotherapists actually do (Duncan & Moynihan, 1994). Regardless of their experience of psychotherapy, most people would largely agree that the psychotherapist is required to play a significant, defining and shaping role in the psychotherapy process. However, exactly what this role should be remains strongly debated, with many people complaining that their therapeutic experience was either disappointing or 'abusive'. Finding the balance between respecting the client and the 'persuasion' to change appears to be a challenging role. This balancing act is often a teetering between perceptions where the client fears that the therapist will do nothing, juxtaposed against the fear that the therapist may control the client.

Although individuals may be disliked, it is unusual for people to dislike or mistrust an entire group or profession, unless the role attached to that profession holds a 'negative' perception, e.g. such as the 'taxman', evoking stereotypes of greed or 'meanness'. This degree of aversion, dislike or mistrust around psychotherapists

appears to be disproportionate to other professions (Fitzpatrick et al., 2001; Vocisano et al., 2004). Numerous variables appear to influence this social opinion.

Many researchers have argued that finding the correct therapy interventions should provide guidelines for therapist behaviour thereby addressing problems of client 'distress' or disappointment (Kagee, 2006). Psychotherapy research literature has, however, failed to produce convincing evidence that techniques or interventions are the key solution to this challenge (Duncan et al., 1997; Truax & Mitchell, 1971). In spite of this, therapeutic interventions remain a major focal point of training for most psychological institutions as well as many clinicians in practice (Fitzpatrick et al., 2001).

Over the past decades there has been growing concern among psychotherapy researchers over this 'apparent' neglect of studying therapist variables in the field (Beutler, 1997). Despite the neglect over specific therapist variables, the existing research positively identifies the nature of the therapeutic relationship as the primary factor in predicting successful outcomes in therapy (Duncan et al., 1997; Vocisano et al., 2004).

Historically, 'impossible' clients or 'intractable' cases were often blamed on the client's inability to be 'compliant' and was often called 'resistance'. The concept of resistance is discussed in Chapters 1. Therapists were seldom questioned about these difficult cases, with problems attributed to client disturbances in character traits, problems with 'ego-strength' or possibly 'organic' deficit. It was rare to attribute significance of psychotherapy outcomes to the relationship or the surrounding ecological issues. This is indeed peculiar as clients are blamed for poor therapy outcomes, when clear evidence exists supporting the importance of the therapeutic process and the therapeutic relationship in the psychotherapy outcomes (Fitzpatrick et al., 2001). These relationship variables also relate to clients' beliefs and views concerning their problems, personal definitions of psychotherapy as well as available resources.

A synopsis of research on therapist variables (see Chapter 2) appears to reflect that the overall relationship between the 'good' or 'positive' experiences clients have in their therapy and their opinion of the therapist, is a key factor in

determining or judging potential psychotherapeutic effectivity. Clinicians who want to improve their therapeutic process need an understanding of the therapeutic relationship and the ratio of these perceived 'good moments' to clients' ability to change. It is also possible that other aspects or interventions connected to particular therapeutic alliance levels may play a delayed role in the occurrence of change, but these have as yet not been thoroughly researched (Fitzpatrick et al., 2001).

Post-modern therapist

Clients often view psychotherapists as representing an objective and independent source of reality, some form of social authority that will offer 'correct' assistance or guidance in changing their lives. Clients also hope that the therapist will assist them in 'fixing' or changing their problems, possibly even convince their partners or family that they 'the client' are correct in what they are feeling or experiencing. This expectation puts psychotherapy in a powerful position, a position where the therapist's words are often taken as truth. Unfortunately this position also exposes the client to potential power abuses and disrespect, while offering no guarantee of actual help (Robbins, 1999). Post-modern thought recognizes this dilemma and chooses to view psychotherapy from a more holistic, social perspective, rather than from a purely 'medical' perspective. Such a shift in focus is an attempt to rectify the imbalanced relationship dynamics reported in psychotherapy, and in the process offers an opportunity for a more useful dialogue to emerge (Owen, 1993).

Deconstructing the therapist's philosophy has also raised some questions regarding the exclusive focus on therapeutic techniques. This approach has challenged the very notion of psychotherapy and the identity of the therapist. It is this thinking that questions the foundations on which psychotherapy, both as a scientific and a social phenomenon is based. This epistemological perspective questions the premises according to which therapists define themselves; with these definitions being traditionally based on elaborate theories, practices, models and techniques rather than on the development of interpersonal relationships (Fruggeri, 1992).

The post-modern perspective acknowledges the skill of the therapist as being like that of the philosopher, i.e. to maintain the continuity of the conversation. Taking on the worldview of the other is one of the few ways that the therapist can effectively begin to communicate with the client. To have the 'same language' is to be co-constructing change. In dialogical communication nothing is static, new meaning is always evolving (Efran et al., 1990).

Due to the necessity of dialogue, therapists should be discouraged from theorising about the 'truth' of a problem or from 'changing' the problem. The failure to find conclusive evidence of success by comparing highly divergent techniques casts serious doubt on pledging allegiance to any particular approach. A further affront to empirical efforts is provided by research demonstrating that the client's perception of the relationship contributes most strongly to the therapeutic alliance and therefore to successful outcomes. This includes both therapist and client contributions emphasizing collaboration and not 'truth-finding' in achieving the goals of therapy (Duncan & Moynihan, 1994). Collaboration is one of the most important aspects in constructivist thinking (Efran et al., 1990).

This inclusion of all views is not to be confused with neutrality. Post-modern views hold that neutrality is impossible because in its traditional sense it implies objectivity. The inclusion of all views should rather be seen as multi-partiality. Multi-partiality takes place when all views of a narrative are worked with simultaneously, including the different values, biases and opinions of different 'voices' in the dialogue. These views should be harnessed as opportunities to shape clients' personal meanings, as they contain the energy to spark curiosity and the drive to explore other ideas. A multi-partial view implies a person is able to risk entertaining alternative opinions and meanings (Fitzpatrick et al., 2001).

Only when therapists risk their own personal change are they able to engage on the journey and mutual conversation that permits new understanding to develop (Anderson & Goolishian, 1988). This understanding should acknowledge that the transformative process is affected not only by the speech acts of the therapist, but additionally by anchoring experiences that take place in the session. These may

include enactments such as tasks and rituals that confirm a new story while contradicting and making untenable the old story.

Concurrent with the transformation that occurs in the client's narrative, the original client story containing the problem loses its dominance and the problem is 'redefined'. The aim is for the problem to 'dissipate' or potentially become a learning opportunity (Sluzki, 1992). Change, whether in the cognitive or behavioural domain, is a natural consequence of dialogue. This conversational therapeutic process is best accomplished by the therapist's expertise in creating a space for the client's story, i.e. maintaining a 'not knowing' position and asking conversational questions.

The client's view merits equal attention to that of the therapist. Despite the perception of the therapist knowing best, studies researching the psychotherapy process have found that the therapist's frame of reference is less influential in terms of change in therapy than that of the client (Duncan et al., 1997). The therapeutic relationship appears to be the most indicative and consistent factor for predicting improvement in psychotherapy (Rose, 1990; Shotter, 1993). These findings are of paramount importance to current day psychotherapists, as they indicate that therapists should pursue and focus on the real life concerns of clients and not on the assumptions of theory.

It is also important to underline once again that it is not the therapist that transforms things. The therapist generates an opportunity for change (Epston, 1998; Sluzki, 1992). By engaging in the conversation, the therapist becomes a member of the system and becomes equally responsible for co-creating the problem as well as the available 'remedies'. The first step for mutual definition is grasping the client's view. This entails mobilizing rather than immobilizing client resources, mutual trust and respect is therefore paramount (Anderson & Goolishian, 1988; Roth, 1993).

Psychotherapy dialogue

Dialogism, a much more egalitarian approach in psychotherapy is viewed as a necessary professional stance required by the post-modern development (Seikkula, Arnkil & Eriksson 2003). Psychotherapy dialogue is often described as the process of co-evolving meaning through communication in the areas that the client considers problematic (Meares, 2004). This conversational process should be one hundred percent participatory with continuous and meaningful co-construction. It is through this thoroughly collaborative enterprise, whereby 'meaning' is generated and information is not 'discovered' that the client's beliefs of change can be accessed (Goolishian & Anderson, 1987). Such a conversation is, however, balanced by fragile conditions. These include mutual respect and understanding, a willingness to listen and test personal opinions and prejudices, and a mutual seeking of 'correctness of fit' for both therapist and client. The fluidity of understanding found in such a conversation ensures that meaning is always in a state of flux and evolution. This implies that there are no correct 'interpretations', all views are negotiable and tentative in this conversation. Participants bring with them totally different worldviews which are continually shaping their experience, in this process relational trust is built, thereby encouraging dialogue. Anderson and Goolishian (1988, p. 379) stated of therapeutic dialogue,

"It is a place where even the most ordinary things can be seen in an unusual light."

In these evolving conversations, problems are often initially presented in an absolute way, leaving scant scope for discussion or change. Ironically, these 'problem' views are usually constructed from multiple, discrepant ideas and feelings, usually shaped by different members of the client's system. The way in which these members experience and communicate the 'problem' may lean towards monological conversation. Monological conversation takes place when one perspective or 'voice' dominates the system. Such monological communication provides little opportunity for growth (Kenny, 1999). It is the role of the post-modern therapist to expand therapeutic conversation to become dialogical conversation, whereby a balance of perspectives is heard (Braten, 1987; Fitzpatrick et al., 2001).

Despite this initial monological voice that clients may bring to therapy, therapists should acknowledge that client views and abilities are vital to understanding client motivation. Clients and therapists symbiotically appear to sustain dialogues with varying emotional intensity and diversity which produce a plethora of potentially useful themes. The specific destination or outcome of these themes cannot be predicted, providing a context that is always dynamic. Change can therefore be generated through many different avenues of conversation which assist in shaping the therapeutic alliance (Rose, 1990).

The Therapeutic Alliance

Since the beginning of psychotherapy, the therapeutic alliance has developed into one of the most important variables in understanding the psychotherapy process and its outcomes. Ackerman and Hilsenroth (2003) point out that effective treatment outcomes rely on the therapist's capacity to recognize and effectively control 'negative' or unpleasant processes in psychotherapy. This is done in order to preserve a healthy and constructive therapeutic relationship which may assist with avoiding premature treatment termination.

Ackerman and Hilsenroth's (2003) findings suggest that a strain in the therapeutic relationship may be exacerbated by the therapist's inflexible adherence to specific treatment strategies. In cases where clients felt that their problems were resolved, they reported that their therapist had accommodated their views and recognized faulty therapeutic processes or relationship attributes e.g., the therapist apologized or accepted responsibility for certain relational dynamics. In cases with unresolved misunderstandings, clients often reported that their therapists were non-responsive, closed off, rigid and refused to consider the client's point of view at all (Ackerman & Hilsenroth, 2003).

The therapeutic alliance appears to capture the interactive process between client and therapist which is an important variable in negotiating change in all forms of psychotherapy. According to Duncan and Moynihan (1994) when the relationship includes empathy, warmth, acceptance and the encouragement of risk taking, it appears to yield more successful therapy. Hoffman (1991) speaks about the

benefits of sharing more of oneself in therapy, sometimes spoken about as appropriate self-disclosure. This is especially relevant when considering the role of empathy. Clients often feel more empathized with when they feel that the therapist understands them from a more personally relevant level. This disclosure should be done with great care, though, to avoid personalizing the therapy to the therapist's concerns. This is rather done from a perspective of shared 'understanding', not personal 'detail' (Yalom, 2005).

Studies of successful outcomes in therapy have shown that from the client's point of view, the most salient factors influencing successful psychotherapy are therapist-provided warmth, caring, emotional involvement, and efforts to explore relevant material (Duncan et al., 1997). Research shows that clients consistently attribute their 'successes' in therapy to the therapeutic relationship (Hubble et al., 1999). This indicates the importance of the client's perspective in the process. In understanding the client's subjective experience and presentation of the problem, the client's frame of reference is understood (Duncan & Moynihan, 1994). Accommodating the client's frame of reference requires that the focus of the therapeutic conversation rises out of the client's 'theory' (Hubble et al., 1999).

Duncan and Moynihan (1994) suggest that the therapist intentionally elevate the client's perceptions and experiences above theoretical conceptualizations, thereby to a degree, allowing the client to 'direct' the therapeutic action and choices. Such a process all but guarantees the security of a strong alliance. Setting aside all the diverse models and theories, research suggests that successful outcomes occur by creating a space for clients to use their personal resources. This ensures clients' positive experience of the therapeutic alliance and accommodating therapy to fit with the client's view of what is relevant. The quality of this relationship appears to be a central contributor to therapeutic progress (Duncan & Moynihan, 1994).

Equally important, is the fact that clients also bring biases and values that influence their expectations of the therapist and of therapy. Clients filter the actions of the therapist through these to confirm their own expectations (Hargens, 1987). Each client presents the therapist with a new theory to learn, and a different therapeutic course to pursue. Empowering existing client strengths and building a strong alliance are not passive therapist postures, but rather require a

focused effort to conduct psychotherapy within the context of the client's frame of reference (Roth, 1993; Shotter, 1993).

The concern with this alliance highlights that the role of the therapist needs to be redefined. In bringing equality to sessions and stripping the relationship of the illusion of 'scientific/medical' authority, the client has more opportunity to engage in the process. The therapist may, however, struggle with where to be placed in the relationship and question whether his/her role is that of mentor and guide or whether the therapist's role has become redundant. This also brings to light concerns about the therapist role turning into that of 'professional friend' (Greenberg, 1997). This does not have to be the case, as an egalitarian relationship should not undermine the knowledge or insights that the therapist may have to offer. These issues can be properly addressed if psychotherapy could openly embrace a more collaborative, social-constructionist view.

In summary, Ackerman and Hilsenroth (2003) identified that a therapist's personal qualities, style or technique can be significantly related to the quality of the therapeutic relationship. This places significant responsibility on the psychotherapist in terms of personal awareness, as these personal variables are implicated in psychotherapeutic effectiveness.

Respect

Respect is one of the most fundamental aspects of the therapeutic alliance. The belief in the role of the 'patient', i.e. a 'sick' person treated by a specialist, reinforces the power roles and potential 'disrespect' in psychotherapy. The idea that the 'specialist' has the right to question and know the 'truth', whilst the 'patient' should remain receptive and subordinate also undermines the therapeutic alliance. A greater emphasis on mutually shared goals for effective change is also required (House, 2002).

In terms of respect, psychotherapy should challenge the myth of normality and reject the ideologically driven language of 'abnormality'. Respect would advocate transparency and minimize exploitive power. The rejection of 'therapist superiority' and the promotion of human care over ideologies should facilitate and

embrace constructionist rather than positivistic frameworks. The focus of therapy should ultimately be on the co-creative, inter-subjectivity of human relationships which fosters respect for the client's individual process and experience (House, 2002).

Psychotherapy may become transformative as the therapist enters the therapeutic domain with a genuine posture and a manner characterized by openness to another person's ideological base, reality, beliefs and experiences. This listening posture and respectful manner involves showing respect for and having humility towards the belief that what a client has to say is worth hearing. Supporting certain of the client's intentions even if some of the arguments are misplaced, generally facilitates a conversation that will proceed far more productively than if the entire expression is condemned (Gergen, 2003). Each client is an individual, hence psychotherapy should be formulated to meet the uniqueness of that individual's needs, rather than forcing the person to fit into general theories of human behaviour (Zeig & Gilligan, 1990). Unlike the proverbial man who bought a hammer and found that everything needed to be nailed; psychotherapy cases which appear impossible to treat or which defy change may occur when the client hates the hammer and refuses to be nailed, but the therapist continues to hammer.

It seems clear that clients invariably hold their own theories about their difficulties, life situations and what their psychology should be made up of. Clients may easily feel negated when their point of view is ignored, dismissed, or overridden. In response to being negated or undermined, clients may take a stronger stance which is often labelled as 'non-compliance' or 'resistance'. The aim of therapy should therefore be to move from theory driven 'truths' to discovering individual subjective 'truths' (Rose, 1990; Roth, 1993; Shotter, 1993). This approach does not rely on preconceived knowledge such as commonalities of problems or on generalized skills and techniques, it also does not mean that 'anything goes', but rather focuses on respectfully linking with the client's reality.

In linking with the client the therapist does not merely maintain conversation by simply encouraging an atmosphere of nondirective and empathetic conversation. The therapist also does not enter the room as a 'blank slate'. Quite inevitably the

therapist brings personal information into the setting. It is still important though, that opinions are offered from a tentative attitude, i.e. without judgement, blame or fixed hypothesis. The therapist has to be prepared to change just as the client is expected to change (Friedman, 1993). Hoffman (1991, p.11) expresses this stance,

"The attempt to honour where people stood and how they saw things became a constant reminder that participants in therapy had their own expertise. A value was placed, thereby on a participatory experience validated by the expression of many voices rather than by a reliance on the voice of an expert."

The importance of the client's perceptions and experience with regard to successful therapy outcomes holds several implications. The client's motivation for being in therapy and the goals relating to this should be understood, respected, and actively incorporated into the treatment. Clients who feel overwhelmed or frustrated may experience their problems as 'intractable'. What therapists often refer to as 'resistance' may sometimes reflect the client's attempt to salvage a small portion of self-respect. As such, some cases become impossible simply because the treatment allows the client no way of 'saving face' or upholding personal dignity. This is notably what Milton Erickson (in Keeney & Morris, 1985) referred to when he suggested that the art of therapy involves helping the client to bow out of the symptoms gracefully. He recognized that clients hold a desire to change but that this change could compromise their personal dignity. The ideas around personal dignity and respect are crucial to psychotherapy, requiring the therapist to take responsibility, and act with respect before expecting the client to do so.

Reflexivity and flexibility

A further aspect of respect is that of therapist flexibility. There is recognition that the conversation and not the therapist is the author of the psychotherapy process, and that such a dialogue implies self-reflexivity (Schwartzman, 1984). Self-reflexivity creates a place for the dialogue of all persons as well as an intersection between dialogues in psychotherapy. This implies movement which is congruent

with narratives. The presence of 'co-construction' in language and narratives represents a preference for a mutually influenced process between therapist and client, rather than a typical hierarchical relationship (Pearce & Cronen, 1980).

This idea of reflexive discourse has also been encouraged by Tomm (1987) who spoke about the therapist needing to trust the evolving process and thereby allow a dialogue to evolve through reflexivity. Flexibility is part of this, whereby efforts toward mutual coordination encourage client contributions and coordinated meaning (Duncan & Moynihan, 1994). To generate meaning a smooth and reiterative pattern of interchange is required (Gergen, 2003).

Whitaker (1981) describes health in terms of a context wherein members experience a creative tension between 'individuation and belongingness'. Pathological connections can therefore be described or characterized by inflexible role positions that lead to disconnection. Another way of describing pathology would be to characterize it as the inability of an ecosystem to embody transformation between individual and societal relationship levels. In pathology one gets stuck in one level, with no exit in a social relationship, this immobility could imply enmeshment or disengagement at different levels (Efran et al., 1990). A dialogue of self-reflexivity could provide 'escape' loops out of this inflexibility.

Reflexivity also extends itself to include the ethics of the therapeutic relationship. Through reflexivity a further level of dialogue is opened. Since it is impossible not to take a stand, it is exactly this reflexive loop between taking a stand and immediately thereafter, putting this stand in a larger context that creates the 'becoming' and not the 'being' of a therapist (Cecchin, 1992). This reflexivity is particularly useful in moments of crisis where people's perceptions change in unexpected ways. One aim of therapeutic action is to promote a change in the internal reflection of the client (Gergen & Kaye, 1992). When it is purely the therapist's frame of reference that is acknowledged, the problem definition may become repetitive, smothering all attempts at change. The desired state of flexibility is achieved when the problem is connected to a description that states or implies that it is changeable or hopeful.

To have a hopeful narrative, the client's perspective has to be explored and is essential to the dialogue. These factors all speak of environmental feedback that therapists should be taking into account when working with clients. A social, cultural and contextual bed of information that is often dismissed and potentially denied becomes destructive, as it is inherently present and therefore powerful in the client's life. This information is often difficult to identify as clients may come to therapy with the assumption and expectation that they can or should be passive in the therapy process. Such passivity creates restriction in the therapist's ability to access the necessary information (Yalom, 2005). Social factors defining passivity may also influence this. One such contributing factor hinges on the divergent expectations and illusions people hold of psychotherapy, e.g. that the client is seen as a 'patient' who can be 'fixed' or healed.

To avoid the illusions of therapy, the psychotherapist should always work towards transparent knowledge. Such transparency and knowledge emerges through ongoing self-referential construction or recursive descriptions that generate further descriptions. Individuals, in their processes of constructing the world, are bound by the beliefs, maps, and premises that they have about their world. The definition of knowledge as a self-referential process is the starting point for the elaboration of a scientific paradigm that cannot rely on objectivity, accurate language or on a universal conceptual framework; thereby deconstructing the power structures associated with this (Fruggeri, 1992). Post-modern therapists focus more on awareness, with caution against judging perspectives or forcing consensus. Instead an elaboration of the multitude of realities is maximized, thereby maintaining a dialogical conversation (Duncan & Moynihan, 1994).

One could say that the problem for a therapist is neither to be powerful nor to succumb to power. Rather, the therapist should take responsibility for his/her power to 'construct' within the constraints of the relational/social domain (Fruggeri, 1992). Knowledge is one such form of power, sharing knowledge in a self-reflexive way is striving for equality.

The 'illusion' of truth

Social beliefs have led to the perception that finding the absolute 'truth' and implementing change accordingly, is possible through psychotherapy. This has led to people attempting to attain unreachable goals in psychotherapy. Difficult therapy cases or problem situations often remain unchangeable due to unrealistic objectives and intentions. Unfortunately, this prevailing emphasis on stringent, negative, short-term goals in the current Western culture makes failure all but inevitable. This is especially true in psychotherapy where changes and relationship goals are not as easily described as business or practical goals. The reason most people feel that they have failed in psychotherapy is that their goals are often incompatible with the nature of the process. Even people who do manage to achieve their 'targets' do not experience the sort of widespread personal and social improvements that they expect or hope for (Polivy & Herman, 2002). These disillusionments are often born out of overly specific expectations of the process. These expectations are maintained when therapists perpetuate the belief that specific and absolute theories or solutions exist for 'categories' of problems.

A post-modern therapist may at various times follow different ideas but will never strictly adhere to one particular model or theory. There is always a measure of scepticism about reifying any 'truth'. Post-modernists hold firmly to the idea that there are no incontrovertible social truths, but only stories that people tell each other (Gergen, 1997). The challenge lies in the negotiation and co-construction of viable and sustainable ways of 'being' that fit with the individual, the therapist and the culturally sanctioned roles. Clients might become more outspoken, while simultaneously taking responsibility for their opinions, and not reifying them as truisms. Such a position promotes flexibility and creativity in both therapist and client (Cecchin, 1992). Instead of having a hypothesis and then finding an intervention that fits, the intervention comes first, followed by a hypothesis that fits. Categorization usually runs the risk of creating the belief in a fixed reality. Caution is therefore needed to prevent the belief that any one story is the 'truth'. A plurality of stories encourages association with 'metaphor' which opens peoples' narratives and options (Duncan & Moynihan, 1994).

In clinical work, unanimity between therapist and client can also generate the illusion that truth has been found. Therapists often reveal explanations of the problem to clients, and when clients agree with the therapist, it is tempting to

believe that the therapist's theory is ultimately correct (Robbins, 1999). It is important though to recognize the questionable and changing nature of psychological theories and the self-validating tendency that human beings possess. Understanding the potential sources of illusion are important in terms of illuminating new ways of looking at psychotherapy and preventing complacency and attachment to theories (Efran et al., 1990).

Neutrality

The focus on the psychotherapist brings in to question the issue of science and 'objectivity'. Science is often seen as the questioning of reason through observation. The realization that all science is an ideology, though, lends itself to the questioning of 'objective truths' (Greenberg, 1997). Greenberg (1997) believes that most psychologists are well aware that their opinions about psychological normality are inevitably shaped by political, moral and cultural considerations, and that through social consensus, society and psychology judge 'psychological disorders' to be conditions based on faulty character. Terms such as 'normality' and 'disorder' are lodged in the ideological beliefs of most people due to the constructed nature of society. The 'absolute' quality of these terms assumes though, that there exists no transcendent value outside of what human beings choose to live by.

Post-modernism questions this absolute language and scientific 'truth', thereby also questioning objectivity or therapist neutrality. This implies openness to the rightness and validity of other ideas and values and the willingness to negotiate personal ones. Neutrality is thus not about not having a position, rather a person always evolves new interpretative positions as part of communication. A person can thus ultimately only arrive at personal descriptions and explanations of the problem as co-constructed with others (Roth, 1993). Believing that what is defined depends greatly on the observer, therapists have begun to include their own relational processes in their observations. With neutrality being deconstructed, the therapist's hierarchical role and expert position naturally stands to be criticised and deconstructed, leading to a view of therapists as people skilled in language and context, rather than being skilled in absolutes of human behaviour.

Scientific endeavour from the outset has aimed at being value-free and objective, basing its findings solely on observation and causal explanation. The result of this is a deep distrust of authoritarian pronouncements and value judgments (Guignon, 1993, p. 217). Rutan and Grobes (1992) argue that it is certainly impossible to be value-free. All therapies are guided by theories of health and pathology, whether these are implied or explicit. Furthermore, these theories although often held up as scientific statements, are more akin to systems of values than scientific theory. For Rutan and Grobes (1992), a theory involves a leap of faith. Theories are embedded with codes of ethics that are "extensions of systems of faith" (p. 6).

Even if a theorist makes claims based on the testimony that their theory is 'empirical' or 'objective', this objectivity also implies a system of values. Empirical science involves a faith in the 'truth' of 'objective' facts, of a transcendent reality which must be quantified and stripped of 'subjective' qualities in order to be predicted and controlled. It is a belief in the gulf and division between the 'subject' and the 'object'. The implication here is that the observer must maintain a distant, detached gaze in order to seize the 'truth' of a distant world. It is the value system which holds the value, that a person must be 'value free' to attain 'truth' (Robbins, 1999; Rutan & Grobes, 1992).

The therapist can never be neutral, but instead must meet the client at his/her individual level of engagement. This process begins with the facilitation of a therapeutic alliance in which the client's frame of view is maintained. Robbins (1999) believes that by actively listen to and embracing the client's language processes which have been implicit can become explicit. This eventually allows for safety in the relationship process between therapist and client. Safety in therapy is an essential ingredient, rather than striving for fictional neutrality with the client, the safety to be real and open is a more important aspect (Robbins, 1999).

Stolorow (1994) also holds that the 'neutral therapist' is a myth. For Stolorow, 'neutrality' implies that the therapist can and should be able to

“eliminate his own psychological organization from the analytic system”, which is in actual fact an impossibility (p. 147). He also speaks of “sustained empathic inquiry” rather than “pretend neutrality” (p. 148).

Stolorow (1994) feels that it is important to remember that it is not possible for the therapist to place his/her feelings and beliefs entirely in ‘brackets’.

Responsibility and commitment

Psychotherapy is not a haphazard event where anything can be talked about. The therapist is required to take responsibility for the conversational context and to allow for mutual collaboration and change to take place. Cecchin (1992) points out that the focus of psychotherapy has shifted to include a measure of accountability for both therapist and client.

The therapist further holds responsibility for creating a sense of commitment in the therapeutic conversation. Without commitment psychotherapy becomes an empty exercise and a trivial pursuit. It is the commitment to the ‘contract’ of psychotherapy, with no objective authority, that grounds the work of the constructivist therapist (Ricouer, 1980). Lack of attention to contractual details virtually guarantees a therapy that meanders ‘everywhere’ without an end goal. This contract simultaneously clarifies how important it is for both therapists and clients to accept full responsibility for the consequences of their association with one another, even though those consequences are not entirely predictable at the outset. One of the potential hazards of all conversation, including therapy, is that the end outcome is never guaranteed, this influences perceptions of psychotherapeutic effectiveness (Rose, 1990; Shotter, 1993).

This ‘not knowing’ does not, however, condone an ‘aimlessness’ where the therapist talks about anything at will, just as much as it does not condone the potential power abuse of the ‘expert’ position.

The ‘expert’ position

The emergence of therapies that focus on the role of language, both in the generation and resolution of personal difficulties has increased dramatically over time. This view of therapy requires a re-theorization of dialogue that includes rather than excludes considerations of power (Guilfoyle, 2003). In theory-driven approaches to psychotherapy, the theoretical orientation of the therapist is implied to be hierarchically superior to the frame of reference of the client; this 'formal' theory structures the problem-definition as well as the outcome-criteria. The more theory-driven the approach, the more theory-directed the goals become, and the greater the chance of a hierarchical system taking hold, potentially disempowering the client (Duncan & Moynihan, 1994).

The importance of 'context' in psychotherapy has led to the development of different roles for the psychotherapist. Such developments primarily challenge the adherence to the concept of the 'expert' in psychotherapy. Therapists are viewed as human beings firstly, and secondly as scientists. This acknowledges that the therapist's beliefs shape the way in which clients are dealt with (Viljoen, 2004).

Therapy is about mobilizing the client's resources and not imposing packaged cures. Therapists are particularly liable to make biased interpretations of clients' behaviour when they have critical or pessimistic ideas about the clients. Most people easily recognize when the therapist is criticizing them. The client is also seen to reciprocally activate the therapist's growth and evolution (Efran et al., 1990). In this way therapy becomes aesthetic; when a symptom is depicted as an ugly, bothersome nuisance to be quieted, alleviated or exorcised, the therapeutic focus will inevitably be more surgical, technical, and brief-orientated. On the other hand, if the presenting discomfort is viewed as 'the impetus for growth', immediate symptom alleviation may be avoided and even seen as unethical (Efran & Clarfield, 1992).

The role of the therapist is to create a space in which the opportunity for dialogue and mutual communication between 'self and self', and between 'self and other' is maximized. Even if the therapist succeeds in suggesting something that proves useful, nobody in all fairness is entitled to draw the conclusion that one specific theory is entirely correct above another. There are many plausible ways of explaining why a particular interpretation, reframing, or intervention works. No

one way can be the 'expert' way (Efran et al., 1990). According to Gergen (1982) seeking information for additional support does not increase the likelihood or verify that the interpretation of the observation is correct. The therapist's interventions only become effective in the sense that they are linked to the client's attributed meanings. Knowing becomes an act by which meaning emerges through coordinating client and therapist beliefs.

There is always an unequal distribution of power in the therapeutic context, regardless of the steps that are taken by the therapist to render the context more egalitarian. Power may well compromise dialogue in therapy. Foucault's (1982, p.220) notion of power is relevant here, he defines power as a "total structure of actions brought to bear upon possible actions: it incites, it induces and seduces." Specifically, the concept of dialogue may require expansion to include rather than exclude considerations of power (Guilfoyle, 2003).

Anderson and Goolishian (1992, p.30) write,

"to not-know is not to have an unfounded or inexperienced judgement, but refers more widely to the set of assumptions that the therapist brings to the clinical interview. The excitement for the therapist is learning the uniqueness of each individual's narrative truth, the coherent truths in their storied lives. This means that therapists are always prejudiced by their experience, but that they must listen in such a way that their pre-experience does not close them to the full meaning of the client's descriptions of their experience. This can only happen if the therapist approaches each clinical experience from the position of not-knowing. To do otherwise is to search for regularities and common meaning that may validate the therapist's theory but invalidate the uniqueness of the client's stories and thus their very identity (p. 30)."

In view of this, it is important to 'counter' possible toxic effects of this power imbalance as far as possible. The therapist does not have privileged knowledge, as therapy is collaborative and non-hierarchical. The therapist is not out there independently and objectively observing, diagnosing and changing the client, but is rather cooperating and attempting to understand the client's meaning system

(Zeig & Gilligan, 1990). One such way is to deconstruct each other's responses. This can be achieved if people invite each other to comment on the history of their personal experience, interests or intentions (Roth, 1993). A person's character or identity can be understood as a 'happening' that unfolds over a lifetime, which can only be grasped in light of the 'whole'. Here the adoption of the 'not-knowing' stance becomes relevant as it facilitates the deconstruction of language and social power bases, and promotes the collaborative emergence of new ideas. This means that the therapist suspends theoretically derived knowledge, and maintains a critical awareness of any preconceptions that might seep into the therapeutic encounter (Guilfoyle, 2003). A suggestion would be that therapists learn to hear empathically and honestly, and to sensitively describe the client's dilemma (Golann, 1988; Roth, 1993).

Laying aside the initial desire to interpret leaves the therapist with a capacity to be truly curious about the client's world. This often opens a subtle, yet very powerful shift in the therapist, where he/she becomes more natural and less mechanical, relying less on technique-like approaches. Margulies (1989) is especially privy to the benefits of the therapist laying aside the desire to be the one who 'knows'. For Margulies (1989, p.3), it is the "creative capacity to suspend closure, to know and not know simultaneously" which is the common ground between phenomenology, psychotherapy and poetry. As Margulies (1989) writes, "By innate design our egos, minds, and brains organize our experience and establish patterns of perception (p. 13)." Therefore, it takes extreme effort to view phenomena in such a way that one may as a child stand before it in wonder and curiosity. Many therapists would agree that there are rare moments of wonder and curiosity at the very heart of the healing process of psychotherapy; these moments can be profoundly affirmative and transformative for another human being (Robbins, 1999).

Many people may also argue that if the therapist cannot be the 'expert' then there is no point to the therapy. People would argue that a good therapist would have to be an expert. Therapists are experts, but not experts at forcing, knowing or pushing anything onto a client, or coercing people into unwanted roles, rather, therapists should be experts at developing therapeutic relationships (Robbins, 1999).

The not-knowing approaches can be helpful in that they avoid premature certainty and value respectfulness and curiosity (Andersen, 1992; Anderson & Goolishian, 1992). As therapists move away from the notion that they possess an expert knowledge, greater respect for the client's position is fostered and problem solving with curiosity for people's concerns is encouraged (Hargens, 1987).

Transparency

It is evident that the more transparent a therapist is about the relationship process, the more helpful it is to those who are seeking assistance. People respond to transparency with enthusiasm and often find it significantly 'therapeutic'. The idea and practice of transparency provides a checkpoint for the potential power imbalance inherent in the therapy context (Yalom, 2005). Transparency assists therapists with breaking from the discourses of pathology, and from formal systems of analysis that are marginalising and objectifying of people. The post-modern ideas and practices can meliorate the negative effects of power dynamics, challenging the supremacy of 'expert' knowledge and encouraging alternative knowledge systems. Transparency provides alternate options to address the negative aspects of modern culture which tend to emerge in therapeutic contexts. The dominant hierarchical culture has a propensity to reproduce many oppressive structures and ideologies which are dangerous in psychotherapy (Roth, 1993).

Humility

Robbins (1999) speaks of humility being necessary to create a good therapist. It is humility which guides Boss (1994) in his distinction between the therapist adopting a 'caring' role versus an intervening role. To anticipate rather than intervene requires holding back, and waiting for the other to express an idea; this requires the ability to let go of a personally cherished assumption.

As Nichols (1995, p.9) writes,

"few motives in human experience are as powerful as the yearning to be understood. Being listened to means that we are taken seriously, that our ideas and feelings are known and, ultimately, that what we have to say matters."

If the therapist is to be truly empathic, this involves an extreme effort on his or her part to listen to the client in such a way that the client feels listened to. Nichols (1995, p. 15) points out that there are two purposes to listening, one purpose is to,

"take in information, and the other purpose is to 'bear witness' to another's expression."

Furthermore, this focus on listening runs concurrent with an awareness of the aims or expectations that the client wishes to fulfil in the process (Robbins, 1999). Such a balance requires empathy and compassion for all walks of life, tempered with a healthy dose of patience, astuteness and assertiveness. A therapist needs humility to recognize the client's needs in the therapy process. These are all qualities which initially seem overwhelming for therapists to harness. Most new therapists question at some point whether or not they possess what it takes to perform this task (Viljoen, 2004). These therapist qualities all speak of humility where the therapist can place client requirements above personal requirements.

Self-disclosure

In post-modern thought, the idea of occasional self-disclosure by the therapist has become an accepted notion. This sharing of personal experience is not done with the goal of smuggling in the, 'here, take a leaf out of my book' approach. It is also not undertaken to give people the sense that the therapist has arrived somewhere in life, or to be gratuitous. This sharing of experience is rather aimed at being purposeful, and undertaken in cognisance of, and in a way that it is honouring of the therapeutic contract (Yalom, 2005). It is designed to prompt people to think about their lives in different ways, ways that contribute to an entirely new appreciation of life. Whatever the case may be, this approach shapes the lives of those involved; so that they emerge from this process, 'different' in

unexpected ways (Duncan & Moynihan, 1994). Appropriate self-disclosure is a way of connecting with the client in a meaningful way, while validating the humanness of the therapy connection.

Client Resources

Accommodating the client's resources and frame of reference is vitally important to a sustainable therapeutic relationship (Ackerman & Hilsenroth, 2003). Psychotherapy can become a unique process where a synthesis of ideas can evolve a new theory for the 'client-specific' situation (Keeney & Morris, 1985). Interventions subsequently create a context for the client's resources to be expressed, which means highlighting strengths and not deficits. Discursive dialogue allows for such client strengths to be explored.

This alliance is further strengthened by highlighting client resources such as client strengths and abilities, rather than focusing on deficits and liabilities. Part of highlighting client strengths translates into discovering the client's answers or solutions to the situation that precipitated psychotherapy (Shotter, 1993). It is the therapist's responsibility and role to source and utilize these client abilities. Psychotherapy should also create a safe space for clients to employ their strengths and to achieve their therapeutic goals. Client participation and agreement on goals with the therapist encourages congruence between both people's expectations about the process of change.

An additional factor which could impede the therapeutic relationship is the neglect of the client's motivation. Client motivation is a dynamic resource to be tapped as generally, there is no such thing as an unmotivated client. For most people it takes a great deal of motivation to come to the first session of psychotherapy (Morrissette, 2001). Clients may not share the therapist's specific motivation and beliefs, but they certainly hold strong motivations of their own. An unproductive and futile therapy may come about by mistaking or overlooking what the client wants to accomplish, (mis)judging how ready the client is for change, or type of change sought. Therapists' pursuing their own personal motivation will inhibit

client motivation. Therapists are therefore also resources that clients utilize in their self-change process (Duncan et al., 1997).

Research has established that a critical link in successful psychotherapy appears to be the quality and not quantity of the client's participation in the psychotherapy process. Clients who collaborate in psychotherapy are engaged with the therapist, and involve themselves with a receptive and open mind, and are much more likely to benefit from therapy than clients who do not do so (Duncan & Moynihan, 1994; Roth, 1993; Shotter, 1993). Viewing the client as healthy, capable, and competent assists with the therapeutic relationship and encourages participation in psychotherapy. It is further vital to recognize that the therapist is also dependent on the client's resources, ideas and participation to ensure successful outcomes in psychotherapy (Duncan & Moynihan, 1994).

Goals

Setting goals in psychotherapy is a further resource that should not be ignored. The goal of psychotherapy is not to impose the therapist's view of particular and desired changes, but to enable clients to experience more freedom to make choices and act on them. In any discussion the most an observer can do is to offer useful distinctions rather than a definitive analyses of what actually happened. The means to achieve these goals is called the client's theory of change, including innate capacities for growth. Also included here are the fortuitous or chance events that occur outside of therapy that facilitate change (Duncan & Moynihan, 1994; Roth, 1993).

Treatment failure is often caused by inattention to the client's desires and/or the theoretical imposition or assumption of what the client's goals should be. Therapists depend on the client's participation to determine the goals for therapy. The more conscious, deliberate, and focused the attempt to draw the client into the goal formation and resolution process, the less significant explanatory models and theoretical correctness seem (Yalom, 2005).

Empowering questions enable the client to draw upon previous knowledge and often encourages the person to experience a sense of 'self-efficiency' in the

therapeutic process. Conversing with the client unfolds and expands meaning and contributes towards the co-creation of new connections or conclusions for those experiences (Miller et al., 1997). Requesting examples is often the best way to get specific descriptions of the client's complaint and therefore facilitates goal setting.

Inquiring about prior solutions allows a frank appraisal of how change can occur. What the client wants from treatment may be the single most important piece of information that can be obtained. It provides a 'snapshot' of the client's theory and a route to a successful psychotherapy conclusion; it also further ensures fulfilment of therapy goals (Rose, 1990).

Relevant language

Clients are usually willing to provide much information regarding their problems. In listening to their philosophies of life, the therapist learns to converse in the client's language and allows as much room as possible for the client's words and interpretations to emerge. It should not necessarily be encouraged that therapists use 'solution speak' or 'positive thinking' in favour of the client's language. Approaching the problem in this way could be experienced as disrespectful by the client (Yalom, 2005). Conversing in the client's language is often experienced as more respectful and demonstrates understanding that prevents the imposition of different connotations not intended by the client (Roth, 1993).

The relevant language should encompass the entirety of the client's thoughts, beliefs, attitudes, and feelings expressed in his/her language about the impetus for therapy. This perspective builds on the client's beliefs, values, and attitudes that specifically influence the presenting problem and the client's participation in therapy (Goldberg, 1986). The client's theory of change contains most, if not all of the trappings of any psychological theory, that is, aetiology, treatment, and prognosis albeit from an alternative perspective. All of these factors can be harnessed and maximized in the therapy, especially if related in language relevant to the client.

Validation

The therapist's contribution towards helping the client achieve a favourable outcome is mainly achieved through empathic, affirmative, collaborative, and self-congruent engagement with the client. Validation ensures a positive client experience of therapy, helping to develop a strong alliance, and keeping the therapy in tune with the client's theory of change (Roth, 1993). Hoffman (1991) referred to the value of empathy and validation when she spoke of 'chicken soup' therapy whereby the feelings of the client are validated and explored in an affirming way. This creates a safe environment for change and a feeling of connection and trust with the therapist. The connotation of 'chicken soup' is a reference to the sense of disdain or dismissal that many professionals developed for the concept of empathy in psychotherapy, which has been proven to be so important in effective outcomes (Ackerman & Hilsenroth, 2003).

By enlisting client participation and exploring the client's frame of reference, such validation occurs for the client. Conversation removes the artificial boundary between relationship and technique, and is an interpersonal event that links technique to the client's perception of the relationship and the problem. The conversation therefore remains the primary tool through which the therapist can validate the client. This enhanced focus on the client requires the therapist to 'forget' therapy models and pay attention to the client's unique experience (Botella, 1999).

In being attentive to the client's experience the therapist affirms the client's experience. Affirmation is a further form of validation; and is often defined as acceptance, non-possessive warmth or positive regard (Duncan & Moynihan, 1994). Affirmation begins with the process of simply listening to and allowing clients to tell their story (Hubble et al., 1999). The telling of the story is itself a powerful validation when told to an empathic and accepting listener. Clients hear their own voices in the 'telling' and find validation through doing this, this further provides for an experience that is a form of 'reality-checking' or of being 'witnessed'. Witnessing a client consists of feedback to the client, that the therapist 'hears' and understands what he/she is saying and that it holds relevance in the therapeutic context.

Duncan and Moynihan (1994) claim that the importance of affirmation is often illustrated by the successful or 'positive' responses clients show when their resources or successes are highlighted. This is contrary to the reactions people exhibit when they feel linked to an unpleasant connotation. Therapists need to truly believe in and 'hold' the attitude that clients are doing the best they can in difficult circumstances. Validations of 'bizarre' perspectives may open the door for the therapist and the client to generate new ideas and directions. Validation of the existing frame of reference allows flexibility and gives people the comfort and space to 'save face' while escaping their dilemmas (Hubble et al., 1999).

For the post-modern therapist it is imperative to embrace the strong probability that clients not only have all that is necessary to resolve their problems, but that they may possibly already have a valid solution, often only needing support in executing these solutions (Yalom, 2005). Validation facilitates clients to a 'safer' connection within their own narrative, assisting them with greater flexibility and expression in their daily struggles.

Ethics

In the post-modern therapy process it is recognized that not only the client, but also the therapist undergoes changes in 'perspective'. The willingness to risk and undergo change is the essence of post-modern therapeutic ethics. This is so in that the therapist stays 'true' to and aware of the processes at hand including personal challenges. Ultimately the therapist needs to be authentic about the changes in therapy that confront him/her personally. This position is in contrast to the expected prevailing view of ethics which implies different standards. The traditional standards imply that the therapist should be absolutely neutral, not influencing the client or therapy with any personal values, and that the therapist should have impenetrable boundaries. Such an expectation is unrealistic. Social constructionism has argued that human entities are social beings, always subjectively inclined as they interact and adapt to their changing environment (Gergen, 2003).

Fixed boundaries and neutrality imply that relationships and life can be static, which is not possible in any sense whatsoever. This view links to the idea that ethics shield the client from any human bias, and that the therapist maintains a blank view from the client, not revealing a personal position (Duncan et al., 1997). Even though this is impossible, the therapist should not willingly impose prejudice on the client and maintain awareness of personal bias. In any dialogue the therapist is always 'reflecting' on the other's ideologies, values and views, but not 'engineering' them.

Post-modern ethics focuses on the fundamental aspect of power dynamics inherent in the therapeutic relationship, and attempts to comment and deconstruct them. The therapist can therefore not be a blank slate, but can also not forcibly 'empower' the client as this may become 'abusive' to the client. This evolution of ethics in the therapeutic relationship has deeply affected the role and importance of the client in psychotherapy and recognized the need for equality in the therapeutic relationship.

Conclusion

In the post-modern paradigm, successful psychotherapy is said to be a process in which clients are able to change their premises and/or language to include a more empowering dialogue that facilitates problem resolution. Efficient psychotherapy is further claimed to be a natural consequence of the therapist accepting the client's frame of reference as a possible intervention (Duncan et al., 1997). In this approach, utmost consideration is given to the client's view of the salient factors thereby exploring and ascertaining what 'life learning' is available to the person (Efran et al., 1990).

This acceptance of the client's frame of reference is considered to be an act of trust. This trust reflects the privilege granted to therapists by people who open their lives to therapy, which in itself is an act of faith and trust (Duncan et al., 1997; Fruggeri, 1992; Viljoen, 2004). Considering the importance of this trust relationship, the privilege that therapists enjoy in terms of 'power' within the therapeutic context is often unbalanced. Regardless of the various measures that

might be taken to render these contexts more egalitarian this power dynamic has to be recognized (Epston et al., 1992; Hoffman, 1991). There is no justification for forcing a client's complex and multi-faceted life into a pre-formulated theory which may be of little consequence to the person. There is also no real justification for the traditional hierarchical status that often demeans or frustrates the client. Instead, there should be a strong commitment to viewing the therapeutic encounter as a milieu for the creative generation of meaning (Epston et al., 1992).

Bozarth (1998, p.143) expresses this with his belief that clients find their own resources to heal and that this is merely prompted by the client-therapist relationship.

"I came to believe that an atmosphere of freedom, a safe place for individuals to struggle, a place for individuals to be accepted as they are were the main ingredients for growth."

The overwhelming argument in post-modern thought is in favour of the therapist taking on a role which is much more respectful and egalitarian than that of the 'traditional' clinician. This is a role where the therapist becomes a social commentator and a facilitator, allowing the client to fully construct a personally accountable reality and narrative. Abuses of power and hierarchy are illuminated and transparently discussed (Gergen, 2003). Although this may sound idealistic, it is a great step in evolving psychology from the historically arrogant position of assuming knowledge, towards a stance of greater openness. A move towards open dialogue with a true curiosity for the human being is aimed for, not to be assumed by the position of science or established knowledge. This move may begin to address the disparities evident in the general public views held of psychotherapy.

The post-modern approach challenges the parameters of the therapist, requiring a person to consistently engage with different perspectives and ideas concerning the multiplicity of meaning in psychotherapy and society. The therapist is challenged to 'take on' the deconstruction of power in the therapeutic relationship through a greater awareness and understanding of the use of language. A more 'real life'

understanding of the therapy room and the client's expectations is therefore required in order to guide the therapist to greater effectiveness in psychotherapy.

Theory books and empirical research are no longer enough in a world where 'information' is completely accessible. The Information Age encourages everyone including young children to question social norms, ideas and the general 'status quo' of society (de Vulpian, 2005). Authority, opinions and expert knowledge are no longer 'sacred cows' to be accepted unconditionally. With this free access to information, and an expanding vision for respect and equality, it is incumbent upon psychologists that their role not only be re-evaluated but kept relevant and useful to society in an ethical manner.

The changing role of the psychotherapist is the beginning point of a discussion focusing on factors that influence psychotherapeutic effectivity. However, the language, and language structures that society uses provides certain parameters within which all people are confined (Gergen, 1997). Language therefore defines much of people's lived realities and the avenues available to the therapist.

In light of this it is important to discuss the language that is embedded in modern society and culture, and the role of this language in influencing the beliefs and definitions around psychotherapy. These language structures and definitions powerfully affect the successful or unsuccessful outcomes of psychotherapy. This is explored in the following chapter.

CHAPTER 6

LANGUAGE, SOCIETY AND TRANSFORMATION

*We must never cease from explorations.
And at the end of all our explorings,
Will be to arrive where we began
And to know the place for the first time.*
- T.S. Eliot (1944, p.43).

Introduction

Language has in many ways inevitably and irrevocably shaped, changed and defined the way in which humanity views the world. Anthropologically and archaeologically it is acknowledged, that the advent of fully spoken verbal language initiated the largest thrust in the development of civilization as we know it. Verbal language is one of the largest components that led to the complexity of societal substructures and belief systems as currently experienced by humanity (Montgomery, 1995). Communication is essential for social systems to exist as well as for the survival of all living organisms.

This development of a communication system and language refers to more than what people overtly say to each other, or to what is expressed in society's literature. The social communication system refers to something that shapes history and society, and is seen to be woven into the patterns of all cultures via different threads and nuances (Goolishian & Anderson, 1987; Moules, 2000). While communication's influence has prompted development in civilization, propelling it forward on a course of development, it has also led to the downfall and degeneration of cultures, testifying to its ability to shape and change the landscape of life and history.

The ability of language to evolve, shape and change society and human beings, attest to its importance in exploring psychotherapeutic effectiveness.

Psychotherapy like any social endeavour is irrevocably embedded and expressed through language.

Evolving Language

Over time, language specifically has evolved as the primary medium through which communities of human beings express themselves. This has given humanity the ability to stamp an identity and uniqueness onto the world and surrounding environment, for better or for worse. Through this process of expression and symbolism, human society has constructed and mutually shaped itself while embedding the meaning of language. Although language changes and evolves with the environment, certain meaning structures appear to be clearly fixed and structurally determined, resisting growth patterns or challenges which could potentially benefit the whole (Maturana, 1978).

The ability to communicate allows for networks of communities to exist wherein living entities can connect with each other in the process of sharing experiences and ensuring survival. Through these shared experiences a 'database' of mutual experience is accumulated which defines the accepted practices and structures by which most organisms live (Kohanov, 2001; Montgomery, 1995). These definitions, embedded in language, further shape the systems by which people live, and in turn define the parameters of behaviour. In time these systems are structured and designed to further evolve for 'life' to stay abreast of environmental demands and changes to ensure the survival and growth of the system.

With verbal expression, questioning and refinement of abstract thinking and conceptualization has also developed. Abstract thinking has enabled humanity to question concepts such as the understanding of personal consciousness and existence. Along with questions of existence, concerns about the correct way to live, meaning and religion have also been raised. These concerns and answers to meaning are not, however, things that stand in isolation to the rest of the world. These answers are intimately linked to the larger world and are primarily and powerfully generated through communication and language, which is often questioned or addressed in psychotherapy (Kenny, 1999).

Fixed as well as evolving patterns of language affect all areas of life, including human philosophies and healing modalities. These language patterns affect people's views of psychology which evolve according to social language. An example of such changes would be the way the definition of 'nervous breakdown' seems to have disappeared from the 'consensual view' of language. This concept came and went, creating and adding doubt as to whether it ever 'existed' (Gergen, 1996). Such an evolution in language is not uncommon.

Even though people may wish to escape these social definitions, all people are impacted by language, the questions arising from it, and the society which defines the parameters around this. From this understanding it would seem that one of the central and defining principles inherent to human beings remains the desire to find 'meaning' in daily events. These meanings are consistently embedded in language as humanity cannot escape that life occurs in and through language. It is through language that people share and create meaningful contact and construct a shared reality. Non-verbal language lays much of the foundation for this, but the verbal expression opens infinite opportunities to explore abstract dimensions of cognition and emotion. Such dimensions enrich and restrain knowledge and evolving consciousness, so that society is challenged or kept in the 'status quo' through language and the changing dialogues within it (Greer, 2003; Parker, 2004).

The acknowledgment of language as a powerful construct in shaping life has been recognized in psychology and briefly mentioned in previous chapters as the cornerstone of a post-modern approach to psychotherapy. The enormity of this realization and definition merits further exploration in this chapter in terms of how it shapes peoples' thinking. This aspect of society cannot be overlooked in terms of the impact it has on psychotherapy.

Post-modern language: defining society

Post-modernism holds at its core the belief that reality is a social construction through language. This core concept is rooted in contemporary hermeneutics and social constructionism, or what may be referred to as the post-modernist

interpretive or narrative perspective. Although all these concepts or approaches cannot be lumped into one, they do share a common thread, i.e. they emphasize meaning as an inter-subjective phenomenon, created and experienced by individuals in conversation and in action with others and with themselves (Meares, 2004).

Language is deeply important as it marks a shift in thinking in the field of psychology in a fundamental way, in that there is movement away from the 'modernist' focus on 'things' towards a focus on understanding the way that knowledge is interpreted. Post-modern thought acknowledges that people always exist in a state of constant construction, deconstruction and reconstruction and that nothing about individuals or life is static. This could also be regarded as the continual evolution of the individual and his/her meaning systems (Kenny, 1999).

From this it could be said that language does not refer to a specific structure, but to the meaning created in language, and in the context that is interactively generated through the medium of words and other communicative action. This generated understanding in a context is evolved through the constant dynamic interchange of dialogue and conversation (Moules, 2000). Through this, communities and systems of understanding or belief are created and sustained.

Consider in particular the emerging network of interlocking arguments regarding language in communities. Constructionist thinkers generally abandon the view that our language about the world (or the self) functions as a mirror or map, or that it bears any transparent or absolute connection to an array of existents outside of itself. Rather, our capacity to think, to be intelligible and to be counted as an individual is born of relationship (Gergen, 1997). As dialogue unfolds, so is meaning formed and transformed. Societal transformation is not rooted purely in the matter of changing minds and hearts, in political values or a in a sense of right from wrong. This transformation requires at its core the unleashing of the potential inherent in relational processes defined and crystallized in language (Gergen, 1999).

Networks of meaning created in language are illuminated when the subsystems by which people live are examined and understood. Communication and dialogue can

thus be said to organize social structure, i.e. a socio-cultural system is the product of social communication rather than communication being a product of organization. Meaning being co-constructed in a larger social context then refers to an evolving state of affairs in which two or more people agree that they are experiencing the same event in the same way. In this view the concept of permanence, or 'stability', is merely the creation of independent and enduring entities created through language in a world that is perpetually changing and in flux. This primarily implies that relationships are transformational (Senge, 1990). Human interaction consequently takes place in a reality where mutual understanding is co-created through the social construction of dialogue which in turn structures beliefs. What is highlighted here is that the conversation, which both manifests and constitutes the relationship, also manifests and constitutes a particular kind of 'consciousness'. Seen in this way, the fine details of conversational structure become crucial in defining relationships and meaning structures (Meares, 2004). In other words the narratives by which people live and make sense of life, are socially and interactively constructed. The more people experience meaning, the more organization they lend to daily life and vice versa.

This perspective proposes that the medium of language creates and generates opportunities through which individuals can find meaning as part of a larger collective whole, constituting a shaping force in communities (Anderson & Goolishian, 1988). An inherent potential of language is to generate a reply. In response to this language, social discourse is composed of spoken or written words that respond to these ideas or meanings that are generated by the collective whole (Penn & Frankfurt, 1994). A meaningful exchange of ideas is considered to be a dialogue, and dialogue holds the potential of breathing life into conversational spaces with other individuals. This perspective supports the idea that individuals do not arrive at or have shared meaning and understanding until communicative action is taken.

Problems do not exist in isolation in social objectivity with set roles and social structures. On the contrary, each member of a particular system will have his/her 'personally objective' definition or linguistic reality of a particular problem or situation. These meaning-based descriptions are richer than descriptions of pure role as they include a diversity of perspectives. Goolishian and Anderson (1987)

believe that conversations defined by problems could be transient in that the system could dissolve once the community no longer believes that there is a defined problem. They propose that change in this sense does not mean problem resolution or problem solving, but rather problem dissipation. This indicates that change takes place through conversation or communicative exchange wherein people can find alternative definitions and not necessarily through the modification of social structure (Kenny, 1999).

Such a view of problems would imply that those engaged in conversation around a problem are 'the context for treatment'. This is because the evolving dialogue or conversation changes the definition of the problem being addressed. The problem is thus not a fixed entity but could change as often as other narratives change. These narrative changes influence meaning and accordingly, the way social interchange is organized. Human beings live with each other in a world of understanding themselves through changing stories and self-description, social dialogues do not always change this, but they do mirror this process (Penn & Frankfurt, 1994).

Language should thus not be seen as a passive channel for the communication of self-contained, personal meaning, or a medium autonomous from the purposes to which it is put (Vygotsky, 1962). Instead, words are regarded as a class of psychological tools that are a part of and mediate human action, and an extension of cultural artefacts (Wertsch, 1991). Cultural artefacts, material or immaterial, do not simply express underlying cultural truths; instead, they feed back into the culture in ways that fundamentally change it (Gover & Gravelek, 1996).

Social Reality

From the literature there can be no doubt that language is of first importance in the formation of human conduct and society. However, this does not mean that language is generative of reality itself. The influence of language in society should also not negate the practical issues faced by people in society. Language should merely define an experiential position of these issues, it does not have the power to present an alternate reality where practicalities or issues can be talked into a 'problem-free zone'.

However, according to Smail (2002) there is the belief by some psychotherapists that reality can be constructed as such, i.e. problems are 'purely' a socially created reality embedded in language. Smail (2002) specifically cautions that language cannot be seen in isolation as the only defining factor in shaping social systems. He believes that although language is a fundamental defining aspect of culture, it is also only a reflection of a particular interpretation of a problem. This discourse is usually around those meanings for which there is alarmed concern and a concurrent insistence on change that is not forthcoming. This is not to say that the actual societal influences or problems should be dismissed. Although post-modernism emphasizes language as the beginning and defining factor in the nature of problems, environmental aspects of society cannot be overlooked with regards to this.

Smail (2002) speaks out against the misuse of constructionist thinking, "the over-excited embrace in broadly 'therapeutic' circles of notions of 'discourse', 'narrative', etc. having their origin mainly in the writings of French post-structuralists such as Foucault, Derrida and Lyotard has resulted in an almost psychotic disregard of the real circumstances of people's lives", and that, "Foucault spoke, after all, of the 'discourse of power', not the power of discourse, and yet it is this misconception that seems to have gripped the imagination of the naïve constructionists (p5)."

Smail's (2002) point is relevant in that words do not directly reflect an incontrovertible reality or hold up a mirror to society. Smail's argument supports the notion that language cannot be vested with extraordinary powers of creation through which different worlds are brought into being. Language can never give direct access to truth. He believes that language may be the principal medium of persuasion and definition, but that it persuades by pointing to something other than itself, it defines a perception or experience of reality and not as some may think, creating it out of thought alone.

Psychotherapists similarly work with systems that are in a constant state of flux, with change being continually redefined by language, changing meanings, societal definitions as well as physical restraints. However, the way the environmental

problems are defined often determines how the system responds to a particular 'problem' in the language or within the environment. Despite problem dissolution being aided by the changing state of definitions and descriptions, dissolution is not always possible on a societal level where multiple factors influence a particular problem definition (Smail, 2002).

Language is empowering in that it allows one to place an experience at a distance from oneself and thus manipulate it to look at different dimensions of it. If this were not possible, experiences would be lived, or would 'live' the person as though in a dream state with no clear definitions with which to punctuate moments of reality. Inevitably though, human beings are constantly tempted to believe in the actuality of thoughts and imagination because they are represented so convincingly in words. This is usually why scientific enquiry has been so sceptical and painstaking historically, but has neglected to consider the influence of the scientific definitions; when imagination is taken as a definitive of reality, or 'an alternative' reality, humanity would be teetering on collective madness (Meares, 2004; Moules, 2000).

When it comes to interaction based on communication, it becomes necessary to look beyond systems defined by societal definitions of structure, role and norm toward a changing language. It is necessary to consider how these systems create and maintain stuck narratives in therapy, language and in society. The emphasis needs to shift to how social language defines these particular systems. The post-modern position does not seek universal or normative social parameters in describing social organization (Moules, 2000). On the contrary the complexities labelled as social structure are part of the continuing struggle towards the understanding that occurs between interacting and communicating persons, towards meaning that is created and sustained through dialogue.

A multiplicity of meaning

With the post-modern view towards life and society, reality has been recognized as a 'multi-verse' of meaning created in dynamic social interchange and conversation. With this shift the focus has moved away from concerns about issues of absolute

truths into spaces that embrace diversity, allowing for multiple and conflicting versions of the world. These views hold no real or absolute external entities, only communicating individuals. There are thus no facts to be known, rather a constantly evolving reality. Conversation is simply the continual struggle to reach understanding with those with whom a person is in contact. In this sense language truly creates the nature that a person knows, as there is no universal validity to meaning (Rober, 1998).

There are therefore a multiplicity of languages, histories, causes, understandings and realities. Understanding does not mean that one ever fully accesses another person's 'truth', rather it is an attempt to understand what the other person is expressing which remains an ongoing process as understanding is never complete (Gergen, 1990a; 1990b; Penn & Frankfurt, 1994.) Meaning, like thinking, is inter-subjective. Quantum physics has illustrated this with the malleability and relativity of the universe and the influence of the observer on the outcome of experiments (Mactaggart, 2002).

Language becomes the transformation of experience into dialogue and therefore shared understanding. At the same time it transforms what a person is able to experience, although it is not the only vector in determining what a person can access and experience. Gergen (1985) has pointed out that the interpretation of any given action is subject to infinite revision. This process is without limit and never ending. It is in the arena of an infinite world of identification. Through language people form the basis for problem identification and the processes of therapeutic change (Goolishian & Anderson, 1987).

Language in therapy can be described as the transformative process by which individuals and therapists co-generate qualitative changes in their stories. An emphasis on narratives allows one to specify how these transformations unfold at a more 'micro' or personal level of exchange that can be tracked through psychotherapy. When these concepts are applied clinically, it may be challenging to remember that systems exist only in human descriptions. The following section further explores this multiplicity in the psychotherapy context.

Language in psychotherapy

Form and relationship

It should be evident that language cannot be overlooked in terms of the impact it has in psychotherapy, and that language is one of the psychotherapist's primary tools.

Psychotherapy emulates society in that it becomes a system in which the language between the client and the therapist creates new meaning for each other. It is a system in which people coalesce around a relevant discourse and thus around a 'problem' (Efran & Clarfield, 1992). According to Friedman (1993) the role of the therapist could be seen to be that of the facilitator of the conversation, tasked with mastering and negotiating the dialogue; someone who should artfully construct the process of the communication to bring about a new flow and movement in meaning leading to freedom of experience.

The primary idea being that it is the relationship which is transformational. What is most important is that the conversation, both manifests and constitutes the relationship, but also manifests and constitutes a particular kind of consciousness in psychotherapy. Seen in this way, the fine details of conversational structure are crucial. This new direction is often called 'The Conversational Model' and implies that the focus on the form of the therapeutic conversation is critical and may surpass the importance of the content. Syntactical structuring, along with other major elements of language encourage the therapist to track the experience of the client during the therapeutic conversation, thereby introducing a new dimension into the developing science of psychotherapy. Since words, or rather, the way words are used, can be used as markers of self, it becomes possible to study the process of therapeutic change in ways that approach greater meaning (Meares, 2004).

This approach reinforces the importance of not solely focusing on the therapeutic method, but to extend one's vision to the multifaceted nature of different people's realities. In this respect, language and dialogue become a specific form of being in

psychotherapy which provides a richer and more flexible approach to focus on, rendering techniques secondary (Seikkula et al., 2003).

Language thus surpasses other tools in defining and sculpting the psychotherapist and the client's life views and reality (Botella, 1999; Parker, 2003a). This is further seen in discussions of the past, which are useful not because they yield objective facts about the client, but because they teach the therapist about the language and the concepts that the client uses to construct both past and present. History therefore becomes a resource for understanding how people use language to make their present experience coherent (Tomm & Lannamann, 1988).

A shift from content to process gives much more leeway to the therapist. For instance, when a story conveys events devoid of context, the therapist can create movement and richness by introducing history. The introduction of history allows for the generation of explanatory hypotheses, shifts in punctuation, positive connotations, and detection of fluctuations, exceptions, and patterns. Movement from historic to a-historic may illuminate new, viable alternatives to a symptomatic stalemate. With such new information, the introduction of alternative scenarios may assist in the transformation of experience in terms of time and space, two coordinates that generate context or a transformative shift. Time and space are important concepts in terms of punctuating a sequence of events (Bateson & Jackson, 1964). This refers to the sequential description of an interpersonal process which is mutually consensual but often relatively arbitrary. Many therapeutic transformations are as a result of a shift in punctuation that changes attribution of blame and guilt to something more empowering (Sluzki, 1992). Such transformations in therapy require a dialogue that includes rather than excludes considerations of power, highlighting transparency. Power or blame which is denied in a dialogue becomes even more powerful (Guilfoyle, 2003).

Transparency often differentiates monologue from dialogue. Dialogue is also a determining factor in whether or not stories can be evolved and contexts changed.

Dialogue versus monologue

In psychotherapy language and conversation, a distinction has been drawn between what is called dialogical and monological conversation. The difference between monologue and dialogue can be described as follows: monologue is described as being a 'single-voiced' conversation despite many participants, whereas dialogue involves the mutual interchange of ideas or many 'voices' regardless of whether there is one or more participant/s. According to Kenny (1999) monologue is equivalent to what could be termed a 'dead conversational loop'. This is a conversation with no flexibility or room for growth or change. Dialogue would constitute what Kenny would call a 'live or living conversational loop' or space. Such a space creates opportunity for development of new ideas, or life to emerge in the conversation.

Monologue can be debilitating in that it is experienced as critical and a means of shutting down conversation. In monologue no new meaning arises, with one perspective reigning, shutting down reality. Monologue is also described as a position of authority, creating exclusion and rigidity. In monologues the client is often influenced by the therapist, while the therapist remains entrenched in an already established, often powerfully articulated system of knowledge.

For Braten (1987), monologue occurs when one perspective monopolizes and thus excludes the opportunity to hear other perspectives. In dialogical communication people exist and live in a world that is constituted by a self-contained network of cognitive interaction (Braten, 1987; Goolishian & Anderson, 1987). Dialogue invites participants to mutually influence and be influenced, to shape and to be shaped by the interaction, and to be mutually involved in meaning-construction. Dialogue constitutes more of an egalitarian stance. Monological conversations inhibit the generation of new meaning, while dialogical conversations facilitate the production of ideas, change, interchange and relationships (Guilfoyle, 2003; Hayward, 1996).

Clients frequently enter therapy with fixed and constricting narratives that provide an articulation of their stance towards the world. They tell their first stories as though they were monologues, in a single-voiced, closed and absolute manner.

They believe these to be the 'complete truth'. In these cases clients hold singular descriptions, and are usually unresponsive to other descriptions. Moving clients from a position of monologue to a position of dialogue is often a challenge for therapists. Unlike monologue, dialogical conversation is many-voiced, listening to other ideas. Dialogue is open, inviting, relative, and endless because the person has a sense of a future-oriented narrative (Guilfoyle, 2003).

Dialogical conversation presupposes a certain kind of relationship between conversationalists. There is no sense of privilege, such that one person's knowledge is more expert than another which renders the conversation monological. The challenge for the therapist is to evolve the client's construction of an inner monologue, or fixed story, to highlight the many silent voices of others that shaped that particular 'monologue' in order to bring about a shift. This dialogising process can begin when the therapist helps the client to locate a second voice, or other voices, i.e. definitions and narratives. Subsequently when the client's central, dominating monologue shrinks, a host of other dialogues become surprisingly available for conversation (Gergen & Kaye, 1992).

It can be said that an emphasis or distinction can be made between these different constructions of dialogue that a person holds. On the whole, the focus is on creating a greater awareness of the multiplicity of these different dialogues and the meaning or beliefs they hold. The task of the dialogue is to construct a new language for the difficult experiences of the person i.e. to create expression for experiences that do not yet have words. This has also been called 'transformative dialogue' (Gergen & McNamee, 2000).

Penn and Frankfurt (1994), support the notion that dialogical conversation shapes the way people perceive themselves in relation to others. In the 'multiplicity' of this view, different angles of interactions and perception can be seen to be valid. The former monological experience becomes an internal dialogical experience, a 'talking with oneself through new voices', an experience which produces a change in the conversation with others (Penn & Frankfurt, 1994). With this change new information travels between different people, altering language and meanings as it flows.

This particular focus on language is on adding different voices to sessions where conversations produce 'participant texts'. A reframe in therapy is an example of this as it introduces a different voice or perspective on a rigidly held view. A reframe often seems to 'work' because a person's inner monologue, or single voice, is invited into the conversation with another more positive and flexible voice.

Transformative dialogue

Transformative dialogue is essentially aimed at facilitating the collaborative construction of new realities (Gergen, 1994). This is not to rule out the investments with which a person enters the exchange, but to focus on the potentials of the dialogue to reveal new and unifying perspectives. Doubt can usually be located in any proposition if looked for, and limitations can be seen in any value. If these silenced voices or doubts can be located and brought forth within a conversation, then such a conversation has moved forward towards transformation. Transformative dialogue is particularly useful in contexts of conflict where it may be used to reduce the potential for hostility, conflict, and aggression. Conversations dominated by critical exchanges particularly exacerbate conflict and require transformative dialogue (Gergen, 2003; Gergen & McNamee, 2000).

Transformation according to Gergen (1990a; 1990b) cannot occur when people construct 'negative' monologues. In the sense that when people construct what they learn to call 'problems', an internal monologue is constructed that is usually experienced as negative and self-accusatory. However, when the option to reply to oneself is presented, a balance of power is created through the discovery or invention of other 'voices'. These could be more positive, confident, even joyous voices that are able to converse with the negative monologue. This discovery can in time also transform the conversation with others. All of these voices begin to represent who a person is. Thus with the co-existence of stories and voices, contexts change negative monologues into evolving dialogues (Dell & Goolishian, 1981).

Dialogue is then employed to fill out the landscape of the vision, to create a sense of a new reality, which in turn, lays the groundwork for alternative forms of action. At the same time, the participants move from a divisive grouping of 'self versus others' towards greater unification. In effect, they simultaneously construct a new unit in which they exist together. This is not unlike certain 'whole systems' such as in sport. The connectivity is akin to a game of tennis where the two players aim to stay connected throughout the game by the action of the ball continually and reciprocally moving between the two parties. Each party in turn responds recursively to adjust to the energy output of the other participant, neither party 'holds a monologue' by holding on to the 'ball'.

The use of metaphor is a form of expression which people can actively use to express difficult situations. Metaphors further enrich transformative dialogue. Building up a transformative dialogue is about being present in the actual conversation. It is speaking and listening that creates room for rich dialogues. Participants get encouraged to elaborate their own point of view instead of reifying an external view. Such dialogues can provide enriching impressions of the multi-subjective systems in which people are embedded (Gergen & McNamee, 2000).

"Witnessing" and self-reflexivity

There are many ways in which psychology can be a creative discipline about peoples' histories and identities, and through which it can influence how people perform around these identities. One such way is by providing the experience of being 'witnessed' in the process of psychotherapy, where the therapist validates the experience of the client (Kim, 2001).

The presence of a person who witnesses another's responses is what seems to distinguish psychotherapy from popular self-help psychology. The witnessing process legitimizes the experience of the story-teller, giving the other the right to speak and the freedom to construct his/her own life story (Epston et al., 1992). Mikhail Bakhtin (1986, p.287) a Russian linguist and literary theorist, expressed this quite succinctly, "when a person looks inside himself, he looks into the eyes of another or with the eyes of another."

Family, friends, colleagues and other significant people assist in constructing one's social and moral reality, and through this they become necessary resources. Through these people's definitions, either directly or indirectly, individuals gain a sense of who they are, and what is real, and right. Language is essentially a differentiating medium, with every word separating that which is named or indicated from that which is not. Thus, by declaring what something is, be it good or bad, words are used that privilege certain realities, while discarding others (Gergen, 2003).

Attention is called to the critical role of the witnessing process in definitional ceremonies such as therapy and therapy rituals. These outsider witnesses are essential to the processes of the acknowledgement and the authentication of people's claims (Botella, 1999). Without being witnessed it is harder to change a context. This is because witnessing provides a shared reality of validation enabling the individual's language around the problem or situation (Gergen, 1999; 2003).

The role of the 'outsider-witnesses' is further important in helping to define meaning for the communicating individual. This witnessing also lends a public aspect to information, which serves as amplification and authorization of the experience. The witness additionally contributes to a context that promotes reflexive self-consciousness, i.e. where people become more conscious of themselves as they see and define themselves, and more conscious of their participation in the production of their lives. The achievement of this reflexive self-consciousness is not insignificant, it establishes a knowledge that 'knowing' is an aspect of personal conduct. This makes it possible for people to assume greater responsibility for the way in which they invent themselves while still maintaining a sense of authenticity and integrity; providing an opportunity for people to become aware of the options for intervening and shaping their lives (Richardson, 2002).

If people do not understand 'the other', then it is as if that person has not expressed anything at all. Relating one's feelings or life experiences is, however, not quite the same as gaining a sense of another's affirmation. To affirm another, is to identify with something within the other's expression with which one can

affiliate oneself and lend agreement or support to. If someone is challenged or threatened in his/her expressions, that person's being or existence is placed in question. In contrast, to affirm or witness is to grant worth to the other, and to honour the validity of the other's reality and existence. By embracing an idea, a person embraces new relationships, and to abandon new ideas the person undermines the community (Gergen, 1994). The importance of interactive dialogue and witnessing the other are therefore patently clear as reflections of societal processes which act as shaping forces, and should not be ignored as transformative tools.

It has been said that transformative dialogue becomes a reality in therapy if the aspects which anchor a person are recognized, affirmed and witnessed. This promotes a conversation which becomes much more coordinated and flowing. One tool through which such a flow and consistency can be created is self-reflexivity. Self-reflexivity refers to an understanding and reflection of the human experience as composed of many facets which may at times be coherent or incoherent. It speaks of moving to a level where it is safe to simply have and maintain a conversation without dire outcomes resulting from this (Baxter & Montgomery, 1996).

The exact challenge around such a dialogue is to shift the conversation in the direction of self-reflexivity where the otherwise coherent persona is questioned. Therefore in questioning 'this dialogue of self', other conversational possibilities are opened. In Baxter and Montgomery's (1996) terms, human beings demonstrate one of the most important dialogic skills, i.e. the ability to recognize many, simultaneously salient systems. Such self-reflection is made possible by the fact that people are not participants in a single reality or system reflecting only a singular voice (Hoffman, 1991). The idea of a multiplicity of meaning and realities does, however, hold implications for the traditional beliefs of identity.

Identity through language

A further critical event in human cultural evolution, other than spoken language has been the development of the phenomenon of self-awareness and how this is

expressed. The importance of 'self-expression' can be traced to the Western tradition of individualism (Gover & Gavelek, 1996).

Goldberg (2004, p.212) questions the undiscovered self, "we, in the Western intellectual tradition, have a long history of the exaltation of self-reflection; the most famous of these is Socrates' claim that 'only the examined life is worth living'".

As participants in this tradition, people believe they 'possess' inner thoughts and feelings and that these are essential in defining and discovering who they are as entities (Gover & Gavelek, 1996). An unfortunate aspect of this traditional, conventional thinking is that human beings are viewed as completely unified, solidified 'selves' or egos as some would call it. This unified view would say that human beings are constructed as singular, coherent selves within the collective.

Often times this gives rise to people being ridiculed or scorned when they appear to show incoherence or difference to the collective. Therefore, when people encounter individuals whose positions are significantly different from their known perspective, they tend to represent themselves as more one-dimensional than they are. This ensures that all their statements form a unified, seamless web which cannot be divided or criticised, once again forming greater coherence with the mass societal construction of 'selfhood'. If the integrity or validity of the person's coherent front is threatened by the other, the person would move toward the polarizing argument (Gergen, 2003).

When considering these definitions of identity, self, and consciousness, identity is above all a paradox. Social ideas about identity tell people that they are part of something bigger and beyond themselves, i.e. part of a social, communal relationship, while at the same time separable or separate from it. This gives a person the sense that everyone is unique and marked by a personal name or identity. It leads one to have faith in the essentially unchanging aspect of 'self' or identity which appears to have existential coordinates that were fixed at birth. With this specific input, it is then strange to see how people sometimes doubt, confuse or claim to 'lose' themselves or are said to suffer 'identity crises'. Such experiences render it apparent that there can be no sustained or external public

fact or absolute source of identity without an equally sustained private sense of personal continuity (Gover & Gavelek, 1996).

It is often claimed that the path to finding 'self', or finding a path to the undiscovered self will provide answers to the fundamental questions about human existence. Most Western psychological systems seem to share the ethos that each person possesses a potentially enlightened, cohesive self. This enlightened self is, however, not provided 'ready made'. The Western intellectual tradition further informs people that this self is tested and discovered by a person's willingness to question the great mystery of existence. Individuals are led to believe that it is only by entering into the avenues of the 'undiscovered self' that the ability to create beauty, to know profound love and to engage in compassionate and trusting relationships are fully experienced. These are implied as being implicit in the question of how life should be lived. Goldberg (2004) questions whether this is all a romantic myth, and whether there is actually evidence to support this claim, other than in societal myths and popular beliefs.

The prescribed ethos of self-examination as a guide to the well-lived life first began during the time before Socrates and expanded during the era of Socrates and his followers. However at this time 'self-examination' was not constructed as being of the 'inner self', rather this self-examination was built upon the notion that people are a product of the continuous dialogical relationship with other people. Indeed, in the Socratic tradition of personal enlightenment was especially based upon 'a dialectic' between two or more people (Goldberg, 2004).

In this Socratic tradition it was already recognized that such awareness manifests itself in the ability that a human being has to articulate him/herself through a personal experience constructed in relation with others, this personal experience being that of turning back upon oneself in order to gain a meta-perspective of what comprises in essence the core of the construction of personal identity (Gover & Gavelek, 1996). This awareness is of the differential relationship between self and all that is not self.

Identity therefore appears to be emergent in the dialectic process by which the experience of 'self' flows into and is fulfilled by one's social being and visa versa.

The term 'self' can be used to refer to the essence of the personal self-reflexive capacity that human beings have which is experienced as a self-conscious centre. From this, one can surmise that meaning and human experience is never fixed. Personal stories often emerge from the fluidity of the relationship between the experience of self and the world, and thus can actually mean different things at different times. Mostly problems arise when people's stories become overly rigid and defined. In the case of such fixity, one risks conspiring in immobility which often becomes an inflexible view of the world resisting adaptation and change (Gergen, 2003).

In order for identities to be experienced as viable, stories must be told which 'fit' the larger system to which a person belongs (Gover & Gavelek, 1996). Identities become fluid and congruent over time through the evolution of narratives.

Narratives and identity

According to post-modern approaches to self-identity, identity is a construct which is modulated through self-narratives. These self-narratives are validated or invalidated by means of the social context in which they take place. Similarly therapeutic narratives evolve and are modulated within their relevant context. A self-narrative therefore typically requires that significant others play a supporting role with direct personal experience which is necessary for the validation process. This was recognized in the process of witnessing the other. The narrative approach emphasizes social consensus as a source of validation or invalidation of the person's construct of self. This idea of the self as a construction has been expanded, with more people open to constructs of which they were previously unaware (Botella, 1994).

Although the experience of self or identity is labelled and defined as a category of personal possession or a reified concept, post-modernism holds the view that a person 'has' or 'acquires' an identity only in relation to, and in dialogue with, a chorus of other significant people and beliefs. To be socially viable, an identity must therefore be constructed with the materials of pre-existing meaning systems. In essence this experience is neither wholly individual nor completely social in nature. Many debates have been fuelled around this construct arguing that

personal constructs are either essentially idiosyncratic or the result of linguistic products embedded in language, which is a social act. Botella (1994) rejects this debate stating that the argument about personal versus social construction is not valid as people do not construct a world totally of their own.

The relationship between what might be called a personal and a social construct is likely to be a dialectical one. This is a relationship in which the person adapts his or her self-theory or self-narrative to social feedback and, at the same time, selects what will count as relevant feedback (Botella, 1994). This process is at issue whenever people use words, symbols, or gestures to map themselves onto the world (Gover & Gavelek, 1996). In constituting an identity, individuals connect with aspects of their world which are experienced as pre-existing them, but which also provide the material and impetus for ongoing constructions of personal identity. The most vital aspect of this process is that it always occurs in and with relation to others (Harré & Gillett, 1994).

Personal stories are formulated by what a person tells others and how this conspires with events. Each person's story is initially prepared by the person talking to him/herself about what was happening as it transpired, as if speaking to an audience not present at the event. Memories have the features of a story, a beginning, middle, and an end, with a stated or implied moral (Goldberg, 2004).

Self-deception is conventionally viewed as a way people try to protect themselves from threatening revelations about themselves. This is done by ignoring information that contradicts their preferred view of themselves, thus interrupting the narrative in some way. Psychoanalysts speak of this as an 'awareness' of the defences that people erect to deny recognition of self-hatred, the acknowledgement of which is crucial to psychological recovery. The basic goal of psychoanalytic investigation, although never explicitly stated as such, is to identify and trace the motives with which people mislead themselves. Even in this tradition it cannot be denied that language is used as the basis for tracing the individual's denial or monologue, even though it is framed as 'inner self-examination' (Harré & Gillett, 1994). What is often not acknowledged by therapists is that the ongoing narrative of continuous self-examination may result in a narrative of despairing dissatisfaction for the person, rather than the

acquisition of self-enlightenment. This is a problem very few practitioners are willing to publicly talk about. These nihilistic feelings are reserved for private conversations with colleagues, but are not uncommon for psychotherapists (Greer, 2003; Sawyer, 2002).

Goldberg (2004) believes that the root of the dilemma of self-examination is found in the ontological assumptions underlying Western thought. The perspective of the human being as an encapsulated consciousness, set separately and competitively apart from other beings in the cosmos, contrasts with Eastern psychology where human beings as part of nature is validated. Such a view renders it impossible to stand apart from life, viewing it as an objective entity or reality. The Eastern view implies an 'egoless' state, in other words, each person may come to know the world as it unfolds within that person. The Eastern view is the opposite of the manifestation of reification. Goldberg (2004) believes that there is no authentic self deep in the human psyche for people to discover, but that the self is transactional. It is found in the particular relationships with other people and in the involvement with the external world.

The African tradition is also closer to the eastern tradition. The self is seen as existing only through the definition of tribe or community, which are integral and inseparable from nature and religion. The concept of 'individual' desires does not exist in these traditions. To be human and to be alive is to be part of the community (Hayes, 2000).

Gergen (1996) also expresses concerns about Western ideas of 'self' or discovering self. He expresses particular interest in the impact that the individual's conception of self and others has on mutually enacted behaviour. People's moment-to-moment decisions seem to depend on how they perceive themselves (described in terms such as 'self-concept', self-esteem, personality etc.). He further observed that there does not seem to be a single, stable conception that people have of their own 'self' that is not open to infinite fluctuation and redefinition by 'self' and others. These fluctuations seem directly connected to peoples' behaviour toward the relevant person. Ultimately, an individual's self-esteem appears open to influence, depending on the moment to moment expression of others' regard of esteem for that individual.

This expansion of self-discourse changes the fundamental question of identity (Gergen, 1990a; 1990b). The stories people tell each other are inventions of identities to accommodate the many contexts of life. This experience is also referred to as a 'narrative multiplicity' within the world of communication (Gergen & Kaye, 1992). The narrative multiplicity is indeed important in people's lives, because there is something important to create about the self. A person's sense of living in a particular way is dependent on his/her innate capacity to construct a meaningful narrative about life.

Human beings are meaning-orientated creatures, tending towards continually evaluating the events of their lives. Accordingly on meeting, strangers frequently tell each other stories about the events and experiences of their lives. The development of personal identity and self-narratives are constituents of the same developmental process of people proceeding forth together. If a sense of self is transactional, then it is expressed through the stories that people tell others and themselves about what happened in their lives. The recognition of what was experienced, and how these events are understood, depends on the linguistic concepts and conceptualizing that creates that particular sense of reality.

Narrative therapy

Language having shaped so much of the world, has ultimately led to the formation of story telling. People intrinsically carry many stories with them. Within this repertoire most people can typically locate stories of value, wonderment and joy. For people to draw them out, place them in motion and make sense of them, allows the seeds for alternative visions of the future to grow. In listening to these stories confidence is stimulated that indeed such a vision can be realized i.e. in setting loose the powers of creative change and bringing new narratives to life (Gergen, 2003).

The term 'narrative' often refers to a group of methods that rely on first person accounts attempting to express the experience of the narrator. There are, however, different epistemologies and theories that use narrative approaches

(Greer, 2003). Narrative therapy is an approach that has attempted to explore the different stories and meanings of the individual. A story or narrative provides a dominant frame or reference for life experiences by which the person can organize a particular context. It is through stories that people are able to gain a sense of the unfolding events of history, and this appears to be vital to the perception of a future that is in any way different from the present. Stories construct beginnings and endings, which impose delineations on the flow of experience. Every telling is an arbitrary imposition of meaning on the flow of memory, in that it highlights some cases and discounts others (Epston et al., 1992).

In order for new stories and relationships to be consolidated in the therapeutic conversation, they must evolve from and yet contain elements of the old or 'familiar' stories. The transformed stories are usually a recombination of the components of the old story to which new elements have been introduced either by the therapist or by the client and are consolidated by all participants. The person's history and other definitions limit how stories can be constituted and transformed. A new story that is too foreign will often be rejected. However if it is too similar to the old one, it will not 'hold' (Gergen & Kaye, 1992; Sluzki, 1992). An optimistic stance of positive connotation is often taken to shape the conversation. Individuals, families and larger collectives inhabit this system of multiple stories and organize their lives around making decisions in accordance with the dominant narratives. Any non-trivial alteration in the story will trigger changes in the themes (Flick, 2002).

Each therapeutic encounter is essentially idiosyncratic. This is because the fabric of the conversational process and content is interwoven with elements from all participants and history. The tenacity of mainstream stories is tested by proposing unorthodox views or making destabilizing comments about them, usually through a stance of positive connotation. Once the therapist notices that an alternative to the mainstream stories or relationship between stories has become viable, she/he will attempt to enhance selectively those alternative views, eliciting and validating them through additional questions and comments. Broadly speaking therapists will tend to favour alternative stories that create pattern, options, choice and moral codes (Flick, 2002; Sluzki, 1992).

When applied specifically to therapeutic conversations, this constructionist focus on stories and narratives allows for a description of therapeutic change that is grounded in real life practice. The goal of the therapist is to facilitate or promote a change in specific stories or in relationships between stories. As stories are located in a realm of consensus, therapists following this, usually attempt to generate a conversational environment that shifts the consensus. At the same time a stance of transparency about intent is maintained with empathy for the client's struggle (Duncan & Moynihan, 1994).

The narratives by which people live are not an in the 'head' experience but are structured from the world and its demands. Like identity which is not reducible to a single essence, narratives emerge only as one actively moves between private and public spaces. Likewise, therapeutic dialogues become the property of private as well as public spaces. Shifts in the moral order of a story are evoked as an indirect result of other shifts in the narrative, which lead to changes in the attribution of values to events or people, and in the location of attributes such as good and evil, healthy, sick and so forth (Sluzki, 1992). Identities are not portable but become understood and intelligible within contexts that provide resources for their construction. This allows the individual to realize that the telling of stories is inescapable and inevitably loops into a sequential narrative. Thus their origins are not assignable to a single time or place, but flow through time (Gover & Gavelek, 1996).

Time and meaning

Therapists convey their faith in the ability of people to unravel the mysteries of their lives; however this does not get achieved instantaneously and independently. Such understanding takes time and a collaborative approach. These stories provide access to alternative knowledge and time frames about ways of being and thinking in the world. To assist people to step through these gateways in order to explore other possibilities for the 're-authoring' of their lives, sequential unfolding of the narrative becomes important (Epston et al., 1992).

Through the self-narrative, the individual attempts to understand life events as systemically related, rather than just seeing them as arbitrary moments following each other. The creations of narrative order appears to be essential in giving life a sense of meaning and direction. This order adopts the basic assumption that human beings are best understood along a time-continuum dimension. Stories enable persons to link aspects of their experience through the dimension of time. Lived time seems to be the most powerful mechanism for the structuring and punctuating of an experience so that the essence of the event is captured. This sense of lived time provides a medium through which people obtain a sense of their lives changing and therefore a possibility of empowerment (Richardson, 2002).

The sense of having a present self-constructed identity appears to be a personal way to link the past with a possible anticipated future (Parker, 2004). The telling of a personal story thus always seems to occur in the present tense, with the telling process being vastly more than a simple reporting of events.

In terms of creating a future orientation, people usually need a demarcation of hope. When narratives are cataclysmic, in the sense of portraying no future, people lose hope. The loss of any redeeming social value creates a sense of total loss that is experienced nihilistically, with no future, representing the threat of no memories, or sense of 'self'. Depressive self-narratives and self-theories depict such a negative anticipation of the future, as cognitive therapists have often highlighted. Even with time constructs, the full implication of events is never completely manifested or truly placed at its point of occurrence. This again perpetually renders the personal meaning subject to change, as the identity and situations of the individuals change and are 're-placed' in different time frames. The weaving together of events for the purpose of constructing meaning and identity is therefore always an ongoing narrative pursuit being redefined in different time frames (Gover & Gavelek, 1996).

There is thus no human requirement for congruence between physical time, and time as experienced by the individual. The phenomenological passing of time requires only those events by which time is personally marked, by which the important episodes in one's life are demarcated. These boundaries are never

fixed. Instead, the defining of relevant events, roles, and relationships is always accomplished only in accord with current constructions of identity (Gover & Gavelek, 1996; Penn & Frankfurt, 1994). The central implication of the time dimension for narrative is that the events in one's life can be made meaningful only in relation to other events.

Written narratives

"Words cross or bump up against one another when captured in writing, cracking open, revealing other words that may evoke experiences of self with others, through visual memories, sounds of distant voices, or reawakened feelings (Anderson & Goolishian, 1988, p.220)."

Penn and Frankfurt (1994) found that adding writing to conversation in therapy hastens the discovery of a new dialogue and with this the creation of a new narrative. These forms of writing often include journals, letters to the living and the dead, notes, personal biographies, dreams, poetry and dialogues. In these writings clients have the opportunity to explore alternate voices discovered in conversation with the therapist. With writing facilitating change, both expressive modes of writing and speaking set up reflective processes which reciprocally influence each other. Over time this recursion creates a therapeutic narrative, which has been referred to as a participant text. The particular focus on adding writing to the session's conversation produces a 'participant text', a therapeutic narrative that is composed of the voices of the individual and of the therapist (Penn & Frankfurt, 1994).

The participant text exists both inside and outside of the sessions. As clients become both participants and spectators through this recursive activity, the writing becomes a process for reflection and mediation (Gergen & Kaye, 1992). The writing, a tangible action as well as a process, serves as an artefact of the relationship between the client and the therapist, extending as a third voice in the dialogue. This extension embodies the merger of the voices of the therapist as well as that of the client. The amalgam of voices within the participant text is carried from the session to the client's relationships, as well as to the reflections

outside of the session. This extended reflection further evokes new knowledge or 'news of difference' (Gergen & Kaye, 1992). When people's 'multiple dialogues' are heard in this way and witnessed by relevant others, the emotional life of all participants becomes open to change.

It has been repeatedly observed, that in the act of writing, previously ignored or unspoken meanings are invited into the relational sphere by way of the text. Styles of inscription carry with them conceptions of the person, as well as images of ideal characters or fantasies. The act of writing seems to invite the exploration of meanings into the text that has been oppressed in conversation. Words and meanings interact in writing, thus creating and capturing new expression (Becvar & Becvar, 2000; Penn & Frankfurt, 1994).

According to Bruner (1990), narratives depend on sequential unfolding across time. Events that have occurred in one time are narrated in another, and written in a third. In each of these time schemes the writer has the opportunity to reconstruct and re-experience the events. Thus by the time something is on paper, it truly is an invented narrative. Ricoeur (1984) supports this notion of chronological time as constructed through the process of telling the story. In the writing, once meaning in the conversation is defined, the process becomes one of ordering and reordering these meanings until the various discrepancies find an emotional base and feel connected, or even whole, i.e. they fit together and make sense (de Gramont, 1990).

The relationship between self and other is important in writing as this is a process whereby self and other are 'authored' in conversation (Gergen & Kaye, 1992). This struggle to maintain a dialogic space can be viewed as an ethical stance; ethical in the sense that one addresses others with a presumption that they are capable of responding meaningfully, responsively and above all else unexpectedly. It is important that the other is seen as 'un-finalized', open to change and growth and capable of surprising 'self' and 'other'. Clients transfer the idea of the dialogic space from the therapy to their relationship with others. Meaningfulness is then co-created from the empathic exchange when people treat each other as 'subjects' (Doherty, 1999).

Journal writing for therapy is unlike the completely private journal. The reason for the journal is not found inherently in itself as in the use to which it is put. The journal becomes the blueprint of a 'social act', the effect of which is worth noting. The emergence of a piece of writing in therapy brings new feelings to the context, such as a sense of discovery, new possibilities, and understanding (Doherty, 1999; Gergen & Kaye, 1992).

When words are read and heard by others, it is again the witnessing by others that is relevant. This relevance of experience and the validation thereof opens new options for the emotional life of all participants to change. The writing reflects the contents of one's own mind, distinct from the mind of those who have gone before along with those who may subsequently read it. The writer is the seer and the knower. When writing represents itself as knowledge, so is the writer defined as adequate. By writing in the fullness of the first person the reader is invited to imagine herself as the writer, to feel and think with the writer. Thus the boundary between author and reader is diminished (Botella, 1999).

Some writers have concluded that the mind itself is a 'narrative concern'. By this, meaning that there is a socio-cultural view in which mental phenomena, among other things, are considered as a constituent of their cultural, historical, and social contexts, contexts which themselves are deeply and fundamentally human. This view offers a means of analyzing the basic dimensionality of narratives. The personal aspects equated with narrative, and the social or historical context, are the narrative's hallmark (Gover & Gavelek, 1996).

Personal narrative

In writing this study, the process of narrating the experience in a written form, vastly expanded and solidified the thinking and enquiring process. Variables influencing psychotherapy emerged which could not have been predicted at the outset. In the writing process many of the larger contextual themes emerged, highlighting the path ahead. This process specifically contributed toward the macro-system exploration of social discourse.

The writing process provided a tool for the evolution and expansion of the core concepts of the study.

Conclusion

When considered in context, theories and practices of therapy are often exploratory ideologies about human behaviour embedded in language, rather than descriptions that prescribe a specific conformation to a set social reality. As with all ideologies, these theories are subject to evolutionary change over time, and mirror societal change, evolving accordingly. Szasz (1987) proposes that psychotherapy theory as an ideology about human behaviour and a cultural phenomenon is not unlike religious philosophy. In the light of this he believes that psychotherapy theories, approaches and ideas should thus be talked about, explored, understood and ultimately questioned as to the larger impact that these have on the individual and society.

This argument highlights the relevance of social systems. When therapists assume social systems as a 'true' reference point, a risk of accepting one domain of reality as the more correct reality is taken, stifling other possibilities. However by putting 'objectivity in parentheses' in the recognition of the multiplicity of meaning, psychotherapy creates space through which to negotiate change. It is important to be mindful that all facts are products of personal theories and are always competing with others' 'facts'. This too is the case with social definitions.

The 'multiplicity' of meaning in language calls for a 'multiplicity' of vantage points and therefore also of theoretical frameworks. A multitude of subjective positions are available from which to challenge the positivist, empirical approach within the discipline of psychology (Parker, 2002). Theories and practices of psychotherapy are meant as temporary lenses rather than as representations that conform to social reality. This is not necessarily news, however, the link between this need for a multiplicity of theory, and the general societal definitions which determine this, have perhaps not been clearly understood in the field of psychology.

To truly grasp another human being's experience of the world is impossible. The best each person can strive for is to interpret the experience of another, and through this experience attempt to know the expressions of the other's experience as the other has grappled with it. The sense a person gains of how things stand with someone else's inner life, is gained through that person's expression and not through any 'real' intrusion into another's conscious experience. In this understanding it is all a matter of scratching surfaces, and to interpret another's world, each person is inexplicably wound up and relies on his/her own lived experience and imagination.

The most one can do is to identify a personal experience as such, as expressed by the 'other'. Thus empathy is a critical factor in the interpretation or understanding of the experiences of others. All that one can experience of the world is a personal lived experience. This lived experience has the power to inform and shape others' lived experience by the language people share (Epston et al., 1992). Through this process people become more intrigued by the landscape around them. In this shared process of communication human beings can attempt to ask and answer questions concerning unspoken patterns of communication in society. The connections between unspoken patterns are not often expressed in social dialogue; this requires facilitation regarding people's experiences and expressions of psychotherapy.

Ultimately the psychotherapist's role should not be purely to confirm theoretical tenets; as such an approach would render the world a dry and brittle place. These encounters should rather be 'wells' of knowledge and experience locked in language. This holds the potential of energizing therapy participants and to facilitate more useful ways of thinking about, describing and engaging with psychotherapy. This provides a freer space for psychotherapy and the systems surrounding it, and hopefully enhances its effectiveness.

Understanding the extremely important role of language paves the way for understanding the unspoken societal patterns that are reflected in language. These social patterns are expressed in social discourses which exert clear and powerful influences on psychotherapeutic effectiveness and psychotherapeutic outcomes. The dominant social discourses as well as emerging social discourses

are discussed in the following chapter, as well as the effects of these discourses on people's experiences and perceptions of psychotherapy.

CHAPTER 7

PSYCHOTHERAPY AND SOCIAL DISCOURSE

*Earth is crammed with heaven
And every bush aflame with God
But only those who see take off their shoes.*
Elizabeth Barrett Browning (in Yancey, 2002, p.32).

Introduction

Change is a recognized and predictable certainty of life, bringing with it the inevitable evolution of cultures and societies across all civilizations (de Vulpian, 2005). This evolution evokes a sense of life and society as a sensory and living entity, ever adapting to the demands of a changing environment and context. In an attempt to make sense of the process of change, people began to record stories, ideas and beliefs which over time ultimately became histories. The written word and oral traditions have historically been the only means by which human beings could capture these contextual changes, and in so doing attempt to author and represent the human experience in a world of flux. All ideas and beliefs captured over time and described in language, eventually developed into or influenced and still do influence social discourses.

Social discourses capture stories which have evolved over time as adaptations to ongoing contextual and environmental changes. Discourses can also be tracked through many different forms of social expression (Sennett, 1998; Shaw, 2002). These social expressions include psychotherapy, language and literature, the arts and the media; or any vehicle through which society, culture and ultimately individuals are able to express collective beliefs and meaning (Jaworski & Coupland, 1999). Discourses and language have been recognized as reciprocally shaping and influencing the human world on most social levels (Montgomery, 1995; Moules, 2000).

A grasp of the impact of communal beliefs and dominant cultural discourses on people assists in understanding social patterns such as expectations and stereotypes of psychotherapy (de Vulpian, 2005; Greer, 2003; Moules, 2000). Therapists are required to interpret communal substructures of meaning from these descriptions, specifically seeking out evolutionary social and language patterns. In the therapeutic domain, these social systems are viewed as communication networks which define communities and meaning (Anderson & Goolishian, 1988; 1992; Meares, 2004). In this sense, psychotherapy represents a microcosm of expression for the underlying forces that shape society at large (Bunge, 2003; Morrisette, 2001). Psychotherapeutic relevance and effectivity are therefore also connected to discourse (Brown & Isaacs, 1997; de Vulpian, 2005).

With the post-modern backdrop as a reference for a changing society, the aim of this chapter is to discuss and highlight the emergent social factors and discourses which appear to exert significant influence on psychotherapy. These social factors and discourses play an important role in understanding society's perception of how functional and relevant psychotherapy is to the general population (Ackerman & Hilsenroth, 2003). These factors also determine the future of psychotherapy in society and profoundly influence psychotherapeutic effectivity. Exploring and understanding relevant social discourses therefore become greatly appropriate and relevant to this study.

Before continuing with the discourses to be discussed it is useful first to understand the term discourse and its different uses.

Defining Social discourse

The term 'discourse' is used in semantics and discourse analysis. In semantics, discourses are linguistic units composed of sentences, such as conversations, debates or speeches (Gee, 2005). This term also refers to the social understanding of discourse frequently linked with the work of the philosophers Michel Foucault and Jurgen Habermas (Hicks, 2004). In the social sciences, discourses are often considered to be institutionalized or set ways of thinking where social boundaries are defined or exist concerning what may or may not be

said about specific topics (Butler, 1990; 1993; Butler, Laclau & Zizek, 2000). Judith Butler (1993) also described speech as having specific and acceptable boundaries, limits or truth which may or may not be expressed. Discourses therefore form an integral part of daily life, conversations and belief systems, and the medium through which social consensus takes place.

Social discourse refers to the different discourses found in the general public and social spaces which people inhabit. Social discourses therefore reciprocally link with and shape social life and perceptions. Escaping the effects of social discourse would therefore be near impossible, especially in social relationships (Jaworski & Coupland, 1999). This is evidenced where two distinctly different discourses can describe the same social phenomenon, but in very different ways (Blommaert, 2005). A chosen discourse will deliver the vocabulary and style used to communicate a particular thought or idea and therefore may convey powerful judgments about that particular idea, phenomena or group related to it (Johnstone, 2002).

The term discourse has also become closely linked to different theories describing society's use or misuse of power (Gee, 2005). Dominant discourses or discourses of power are seen to define and shape the perception of reality more directly than less dominant discourses. However, all discourses affect different aspects and views of life, and all views of life are affected and shaped by discourses.

Understanding Social discourse

Different areas of life appear to generate different discourses. Social discourse helps to clarify and identify the grounds on which communities lend meaning to certain statements and texts above others (Lemke, 1985). This understanding implicitly focuses on identifying fundamental elements, activities and social practices that underlie and define a community. It also further highlights that community systems are not merely made up of different characters or individuals but also of networks of beliefs, language and discourses.

Halliday (1989; 1993) developed a social theory of discourse that states that the way language is used becomes inseparable from the social functions, contexts and

relationships in which the language is embedded. Halliday (1993) suggested that language should be viewed as a resource and a system that has a set of different possible meanings. These meanings can be inferred and examined as to how they originated and developed in the course of human activities.

Bernstein (1990) said that communities that are formed by members of different social classes learn to use language differently. He tried to illustrate that schools and institutions often expect people to use language in specific and prescribed formats. These formats or styles are often more representative of the upper-middle class than other social classes. This expectation of language usage to fulfill a certain social pattern opens possibilities for members of other social classes to be put at an automatic disadvantage relative to the advantaged group. In the United States for instance, there was generally a misunderstanding about the social dialects of different groups, especially those of oppressed African-Americans. These dialects were assumed at times to be random mistakes based on bad grammar and a lack of vocabulary; with further insight these dialects were shown to be powerful resources for meaning-making in the community and not mere random clusters of speech (Bernstein, 1990; Hasan, 1989; Hasan & Cloran 1990).

Hasan (1989) noted that even when social activities between groups seem to be similar, taking into account notable cultural differences, there are differences in the frequencies and characteristic combinations of grammar and semantics represented in the language by the members of different social classes. Hasan (1989) has shown similar sorts of difference about gender, and further points out that history records have also been identified and recorded in this way, as texts are described from specific vantage points.

Bakhtin (1981; 1986) also spoke of different views and meanings in language. He said that meanings are often easily recognized in daily pragmatic functions, i.e. people easily recognize that mathematical language is different from sports or political language (Bakhtin, 1981; 1986). Halliday (1976), however, characterized language differences more specifically. According to Halliday (1976) the differences in language-usage and habits between different ages, genders, social classes and subcultures also require understanding and representation. These differences are, however, not simply in vocabulary or linked to the social

differences accompanying language. These differences of discourse are embedded in the frequency and occurrence of grammatical and semantic features found in language. These features contribute to texts often being shaped or skewed by the precise nature and context of specific activities.

Bakhtin (1981) also speaks of histories and dialogues as having ownership and authorship attached to them. He proposes that dialogues only become 'owned' and authored when the speaker can infuse the words with personal intention. This usually includes the person's accent, the understanding and use of the word, and the adaptation of the word to personal use of semantics and expression. Prior to this moment of appropriation the word does not exist in a neutral and impersonal language, but rather exists in the mouths of other people (Bernstein, 1996). Language serves people from the context wherein it evolved, and it is from this space that words can be assimilated and owned to become meaningful (Seikkula et al., 2003).

Foucault (1980) points out how certain ways of speaking fulfil ideological functions. He ascribes this to historical continuity and discontinuity which is linked with styles of speaking, and cannot be regarded as an inevitable product of common sense or necessity. A speaking person according to Bakhtin (1981) is always to one degree or another engaging with an ideology, as language is a particular way of viewing the world that strives for social significance. To understand an individual's ideology one must consider the process through which the person assimilates others' words and language and how a discourse is constructed through this (Tappan, 1991). Such a personal ideology is also an authorship of social discourse. For Bakhtin (1981) 'authorship' in real life as in literature is a necessary function of both personal and others' ideologies and the ensuing relational dialogue reflects social discourse. This is premised on the assumption that the 'authorship' of the narrative is always a function of both self and other.

The stories that 'self-as-author' produce do not arise from a single solitary mind, spoken by a single voice, instead such stories emerge from a dialogical relationship that must be the primary source of psychotherapy. 'Self' and relationship or meaning therefore becomes inescapably dialogical, relational and

multifaceted (Bakhtin, 1981, 1986; Tappan, 1999). "Language is thus clearly not a neutral medium that passes freely and easily into the private property of the speaker's intentions; it is populated and overpopulated with the intentions of others. Expropriating it and forcing it to submit to a personal intention and accent is a difficult and complicated process, so too is understanding another's intention or authorship within language a difficult process" (Tappan, 1991, p.293).

Dominant versus subjugated discourses

Within discourses certain narratives appear to hold more dominance or social acceptance than others. Dominant narratives are considered to be those that are preferred and propagated by society. This is often evidenced through the relativity of different recorded accounts of history, depending on who the writer was. Another example of a dominant narrative is religion, where specific religions are seen as more desirable or correct, depending on the relevant culture. Foucault (1980) speaks of dominant discourses as involving the process of power in the way people speak or use language. This process is expressed when people saturate their communication with selected power based language to fit the dominant narrative of society. Power based language could be anything that reinforces the preferred discourse, e.g. when overtly psychiatric or medical terms are used in a psychotherapeutic environment when it is unnecessary to do so.

Foucault (1980) speaks of language or knowledge which is selected to remain silent or 'edited' by society, i.e. untold or 'un-authored' stories. This is also referred to as subjugated knowledge; subjugated in the sense of the word meaning controlled and subservient to something else. Subjugated knowledge has often been erased or silenced through dominant narratives and then written out of history. This silencing takes place because society has promoted and colonized a certain preferred space or ideology, thereby promoting the dominant language and narrative while ignoring other possibly less favourable knowledge (Foucault, 1977, 1980). This knowledge could for example, include the ideas and historical writings of women in general and ideas that are 'indigenous' or 'naive' to a society e.g. traditional beliefs of certain cultures. Subjugated knowledge is often considered to be located low down on the hierarchy of society, beneath the required level of cognition, or scientifically recognized information. As unheard discourses become lost, the dominant narrative further shuts down other alternatives.

Brooks and Edwards (1997) give the example of female sexuality as a subjugated knowledge base. Women's sexuality can be understood as subjugated knowledge in that it has often been judged or remained invisible, and until recently even to women themselves. The narrative of marriage and family has not only dominated public discourse but has also structured economic and legal systems. This has happened to such an extent and for such a long time that women are only now beginning to equalize financial benefits, property rights and other opportunities. Similarly, the dominant narrative of marriage and family has historically been supported by powerful systems based in politics and religion.

These systems promote beliefs which often bar women from narrating personal experiences while simultaneously placing the control of women's sexuality within the order and workings of other social systems related to morals or role expectations (Lemke, 1995). Through this, women's sexuality has been codified by multiple mythologies and social discourse as to what female sexuality should or should not be. These discourses not only structure how cultures think about sexuality, they also limit the decisions that people and especially women can make when linked to dominant discourses. Barthes (1972) writes that mythologies which prescribe specific types of sexuality are discourses elected and promoted by history. These discourses often move a topic from the realm of everyday speech to a deficit discourse that holds power in its use. Power in these discourses is maintained through the construction and belief that these discourses are factual representations of truth in the social systems. Butler (1993, p.14) suggests that such mythologies are 'sedimented' through the 'reiteration of a norm or set of norms' which form 'regulatory schemas'.

For people who live outside these social norms a struggle may exist involving wanting a template for correct social living, yet not having access to one, e.g. in their limited access or use of a dominant discourse. With time narratives that manage to exist and survive as alternative discourses to the dominant one do not always represent viable templates of living for these people. These discourses then become shadows or silent narratives against the dominant narratives. The vast amount of women's experiences and stories that remain unvoiced represent some of these silent narratives.

Narratives of women's sexuality are not just silent and subjugated knowledge bases, but could potentially become subversive knowledge bases. This happens when it becomes apparent to those within subjugated narratives that their narrative disrupts the status quo of society in a large way (Brook & Edwards, 1997). The subversive narrative then develops in response to the dominant one in order to destabilize the dominant discourse. Foucault's (1980) notion of subversive knowledge refers to knowledge and discourses which aim specifically to undermine the dominant discourse.

Michael White and David Epston (1990, p.12) write, "the structuring of narrative requires recourse to a selective process in which we prune, from our experience, those events that do not fit with the dominant evolving stories that we and others have about us. Thus, over time and of necessity, much of our stock of lived experience goes un-storied and is never 'told' or expressed. It remains amorphous, without organization and without shape". The knowledge that remains un-storied can be understood to be knowledge without language. This is important for psychotherapy, as it aims to expand alternative narratives and 'hear' the un-storied stories.

Dominant as well as subjugated narratives and discourses need to be considered and debated to continually expand the dialogical space within a community. This is done in order to allow for greater understanding and growth between people of their differing dialogues and meaning. These differing discourses are specifically relevant to psychotherapeutic effectivity as they directly impact people's experience and perception of psychotherapy.

Prevalent Discourses

This chapter further discusses several social discourses which appear pivotal to influencing and shaping the field of psychology in important ways. These are not necessarily the only relevant discourses to psychotherapy, but seem to be particularly prevalent in academic and social literature, and especially relevant to this study. They have also been chosen as they seem to be influential in directing potential future developments in psychotherapy and psychology.

Discourse 1:

Post-modernism versus empiricism

The social sciences have long been divided with regard to the appropriate use of the empiricist-rational perspective versus the more post-modern or human perspective in terms of understanding, defining and investigating relevant phenomena (Hollon, Thase & Markowitz, 2002). This divide has also rippled into the view of the public and society where there is the perception and definition that the social sciences are 'soft'. This is especially the case when research results cannot be 'empirically' justified. Over time these different approaches have developed into potentially conflicting paradigms (Haggerty, 2006). These conflicting paradigms have been reflected in psychology as oppositional forces of quantitative versus qualitative inquiry, fuelling ongoing debates of where the primary focus or attention of psychotherapy should be. In other words whether it is quantifiable or qualitative results that determines greater psychotherapeutic effectivity (Kagee, 2006; Zohar & Marshall, 2004).

When considering these different paradigms, post-modernism focuses on human experience, attempting to foster respect for an individual's subjectivity, recognizing that all theories, including psychological theories, have a measure of validity and reliability (Rosenau, 1992). In contrast, empiricism asserts that all knowledge should be scientifically measured and verified. These measures are defined by 'precise' and 'objective' standards set out by scientists who maintain that neutrality is possible in accessing an absolute 'truth' (Bunge, 2003). This stance also assumes that the scientist has expert knowledge while the 'patient' or individual remains subjective and therefore not reliable as a source of information.

The empiricist tradition regards the objective observation of data to be essential. Once observed, data is to be rigorously re-tested under strict conditions for validity and reliability. Many contemporary psychologists are still quite willing to abandon their personal reflection or introspection as a valid source of psychological knowledge in favour of such testing (Rosenau, 1992; Senge et al., 2005). For many, it is the external observer which remains the rationally systematic and personally dispassionate measurer. This person is considered ideally suited to

draw valid conclusions about people's internal states. Empiricism thus seeks greater adherence to quantitative findings, opposing the idea of shared power and adding to the strengthened position of the medical expert and scientist. In this the concept of control remains superior (Brown & Isaacs, 1997).

Postmodernism, however, seeks a greater respect, equality and integrity between therapist and client, thereby challenging the notions of perceived power in health treatment structures (Rosenau, 1992). In recent decades this has begun to include human intuition and personal knowledge as valid sources of information (Haggerty, 2006; Moules, 2000). Within post-modern thought attempts are made to approach issues from a second-order, ecosystemic perspective which considers the broader patterns within society and the role of the therapist. The empiricist perspective looks at the detailed, measured and technical focus within the field and encourages the development of more stringent techniques and interventions (Shaw, 2002). The post-modern, qualitative approach does not negate technique and detailed measures, but rather aims to consider it within the context of the larger system and the individual's experience. Post-modern ideals emphasize personal autonomy and empowerment, independence from power structures, and a synergy or resonance between people (Covey, 2004; de Vulpian, 2005).

Despite these differences and conflicts both approaches prevail and it would seem that both seek answers that could lead to greater psychotherapeutic effectivity, albeit from diametrically opposed vantage points. Post-modernism, however, persists at exploring changes occurring at a macro and micro level within society (de Vulpian, 2005). At an international level it is being highlighted that psychology is required to challenge the previously fixed and over-utilized scientific paradigms, thereby addressing the changing world and its demands despite ongoing social resistance and opposition (Brown & Isaacs, 1997). Despite many people's preference for empiricism, the past 30 years of post-structural and hermeneutic debate and discussion has shed light on the notion of subjectivity, rendering it a valid research construct. This process has therefore also shed doubt on the assumption that the external observer's objectivity will deliver 'absolute truth' (Gergen, 2003). Both discourses prevail along with the potential conflict between them. Psychotherapy may benefit though from an integration between these opposing views where neither needs to dominate.

Discourse 2:

Consumerism: 'Saturated' living

Modern society has been described as having a multitude of problems (Slouka, 1995). One of the primary concerns being that the world appears to have become a place dominated by consumption with great attention and emphasis being placed on the consumer approach to living. Consumerism appears to promote fast, convenient and accessible commodities as essential items necessary across all spheres of life. The price for this convenience is, however, often a trade-off against other facets or values in life, which may include a sense of community or family time. Consumerism appears to erode away at people's empathy and sense of community, with morals and values becoming increasingly dispensable (Shah, 2006; Stivers, 1994).

A further aspect of consumerism is that modern society has also been described as 'saturated' and even meaningless by its ever increasing demands for greater productivity, excess and materialism (Gergen, 2003). People often describe living in this way as being a suffocating experience. Gergen (1991) referred to this when he used the term 'the saturated family' to describe the over-stimulated yet under-connected or disconnected individuals and families of the current Western culture (Slouka, 1995; Stivers, 1994). Factors affecting this feeling of saturation include language, social trends, group beliefs, communal needs and changing lifestyles. These are continually reflected in psychotherapy through people's attitudes which influence psychotherapeutic effectiveness.

The subculture of consumerism, promising speed, convenience and instant gratification has over time become absorbed as actual desirable cultural values. These values are reflected and propagated by society as generic values and projected as the minimum standard which should be striven for (Levine, 1996). These values also become reflected in the expectations expressed by many clients in psychotherapy. In this way psychotherapy runs the risk of becoming another consumable item, and has to conform to people's expectations of quick deliverable solutions.

In therapy clients often reflect a public discourse of instant solutions by demanding the same of the therapist, putting the responsibility for change on the therapist. Many therapists in turn respond to this pressure for 'instant gratification' by obliging clients' demands, offering quick step-by-step programmes with clear deliverables, aimed at solving problems painlessly in the minimum amount of time (Stivers, 1994). Although some of these programmes offer useful solutions, many are poorly developed. This process supports and subscribes to therapies and interventions that are often impoverished in meaning, and promise 'quick fixes' or deliverables which cannot be followed through because of unrealistic promises and expectations. In this way a recursive pattern of heavy expectations mixed with disillusionment is created of the profession. This experience of disillusionment ultimately robs the client of meaningful change in psychotherapy, further feeding into perceptions of psychotherapy as ineffective.

These 'solution-based' therapies are appealing to the health insurance systems who desire measurable outcomes, outcomes that must be justifiable in terms of monetary paybacks regardless of the sense of reward or well-being gained by the clients from these experiences (Mander & Goldsmith, 1996). With insurance companies as primarily capitalistic in nature and ultimately operating on a consumerist basis, the best interests or needs of the individual and community are not always reflected in their approaches or business strategies. Through such social pressure, psychotherapy is at risk of moving further away from the true goals or needs of the clients and the therapists (Ackerman & Hilsenroth, 2003). Although short-term therapies may be very useful, they are certainly not the solution for all concerns.

Psychotherapy needs to address people's feelings of saturation and being overwhelmed. When people feel pressured and experience life as overwhelming, they often desire or 'crave' a different form of stimulation to the constant assault on their senses from the media. What many are seeking is something which feels less saturating, demanding or stressful. People often express this as a need for some form of real 'fulfilment' or meaning. Many people interpret this need for meaning as a desire for greater intensity of experience, feeling or possessing things. This desire often leads people to seek out further stimulation from consumables (Gilbody, Wilson, & Watt, 2004). Such a situation results in more of

the same, where people seek out known forms of stimulation such as material pursuits and consumerism to fulfil a need for greater meaning or emotional experiences. A cycle is thus observed where distress with the current state of affairs leads to greater consumerism or material gratification, instead of a move away from consumerism (Gergen, 1991). It would appear that people's senses become numbed to natural living or authentic, personal 'truths' in such a society. Alternative discourses not defined by the mass discourse of consumerism become increasingly difficult for most people to access (Zohar & Marshall, 2004).

A striving for meaning beyond the world of consumerism is required, however, especially in psychotherapy. Psychotherapy acts as a mirror for changes in communication styles, patterns and networks which reflect shifting communal realities (Sandow & Allen, 2005). Current communal realities reflect that people are growing uncertain of their existing lifestyles. The growth in capitalism, consumerism and information technology over the last 20 years has heightened the malcontentment with the general pace of urban life. Further concerns are noted relating to the speed and volume of consumption dictated by consumerism impacting the world at the individual as well as the environmental level (Moore, 1992). Global warming is an example of the environmental impact of excess production. Productivity without purpose or meaning usually leads to excess where people begin to feel numb to life and the ongoing stimulation to take part in the consumer world. Such a process of saturation poses the risk of nihilism where excess may blur people's boundaries of meaning and value.

Many people express that the fast pace of life is a primary agent in promoting this feeling of loss of connection. One indicator of such a loss of connection is the increased rate of depression as reflected in reported medical expenditure since the nineteen-eighties (Meares, 2004). Some clinicians say that the depression rates have not soared as much as that people are more informed as to what depression is, i.e. there seems to be a greater social discourse and recognition of depression. Although this may be partially true, it does not change the fact that more people are institutionalized for depression proportionate to the population compared to 30 years ago (Covey, 2004; Meares, 2004). It would appear that people may have previously demanded less of their environment, or were less aware of their needs, and are currently more willing to speak about feelings of unhappiness (Covey,

2004). People's heightened feelings of loss of meaning in a consumer society appear to relate to this increased depression rate.

Social indicators of depression and loss of community appear to bring to light the issue of the human position in society and what is required of people to maintain an integrated, healthy, human experience. This is where post-modern ideals have begun to reverberate through psychotherapy and social dialogue, extending into the psyche of corporate conversations (Senge et al., 2005). The post-modern 'ideals' challenge mechanistic, consumerist notions about living and call for a reintegration of human values, respect for individualism and ethical approaches to psychotherapy. These influences propose an expanded and enriched dialogue for psychotherapy, clients and society, which is often contrary to capitalist values (Zohar & Marshall, 2004). This is not to say that capitalist values should be abolished but rather that a greater dialogue as to their influence and ethical impact is required, especially on society and psychotherapy.

Literature and social discourse reflect that a different approach to the consumer lifestyle is being demanded by many individuals. This change is also reflected in psychology and psychotherapy, where the values and ethics of current approaches are questioned, as well as the ethics of the insurance systems that demand quick delivery of results (Levi, 2005). The human mind and spirit cannot be defined by a 'production-line' mentality or by an operations manual. Yet a discourse prevails which expects people to perform and heal in this machine-like manner in terms of measurable outputs (Zohar & Marshall, 2004). With such perceptions of what it is to be human, psychotherapy may face the doom of uselessness, unless it can 'hear' and flow with the currents of change demanding a greater human element and creativity in the future progression of healing and society.

Discourse 3:

Loss of meaning and existentialism

During the 1960s and 1970s literature on the role of existential thinking and beliefs in psychology became virtually obsolete as existentialism as a school of psychology began to disappear. One of the primary reasons for this was that empirical and 'rational' science was viewed as more accurate and preferable to

philosophy in terms of describing and defining observations about people and their behaviour (de Vulpian, 2005). The new sciences, along with a society that focused primarily on observable facts and productivity rates, fuelled a culture promoting ideas that human beings could be viewed as machines or measured with similar precision. Other than in philosophy, existential psychology was increasingly dismissed, labelled as religious jargon or superstition and commanding scant respect in mainstream psychology, bar for the odd courageous author (Wendel, 2003).

For the first time in decades, psychotherapy literature has recently been seriously reconsidering existential influences and ideas as an important discourse (Wendel, 2003). This is possibly due to the dissatisfaction expressed by many people in response to the dominant consumerist discourse (Shaw, 2002; Stivers, 1994). In an attempt to address the growing social awareness that people are unfulfilled, extensive literature and journal articles have emerged addressing people's experiences of lack of meaning and the subsequent searching for existential or 'spiritual' values and philosophies.

Although acclaimed authors, doctors and therapists have been acknowledged for their work in the field of existential thinking, the existentialist ideas were mostly drowned out over time by 'solution-driven' and directive therapies. Authors covering ideas of spirituality and the human soul such as Victor Frankl (1959), with 'Man's search for meaning' and Carl Jung (1959) with 'The undiscovered self' were put on the backburner. Only in recent years has a re-emergence of these ideas and dialogues concerning spirituality in psychotherapy taken place. The importance of these authors does not reside in their specifically 'correct' assertions, but rather in their realization of the importance of the role of social context and beliefs in human behaviour.

In more recent years, many more authors have written about the concept of 'soul' or spirituality and meaning in psychotherapy. This is echoed in contemporary writings such as Bradford Keeney's (1995) 'Everyday Soul', Zohar and Marshall's (2004) 'Spiritual Capital', Moores (1992) 'Care of the Soul', Cameron's (2000) 'The Artist's Way' and a host of other writings about human actions as defined by self-growth and spirituality. These ideas extend to books such as Kohanov's (2001)

bestselling 'Tao of Equus' which challenges traditional beliefs about psychotherapy. Kohanov (2001) explores psychotherapy using equines as full co-therapists and not merely as companion animals as previously suggested in the literature. This expresses a movement in the field of psychology to reach beyond the confines of 'objective' science and assumed knowledge. Many of these authors indicate a collective 'voice' of expression which leads towards a greater surge for a more human, expressive, connected and interactive psychotherapy experience and lifestyle.

Psychotherapists should play a role in encouraging the exploration of dialogues that provide expression for the changing demands and the social structures confronting people today (Brown & Isaacs, 1997; Meares, 2004). The psychotherapist is continually confronted with this discourse and needs to stay abreast of developments in this field. This social development is having a profound impact on the changing face of psychotherapy, highlighting the evolving and changing language in the field as well as the changing role of the psychotherapist (Wendel, 2003). There is a recognized and growing need for new meaning-structures outside of the current rigidly defined societal structures.

Meaning in psychotherapy

Psychotherapy appears to represent a microcosm of societal expression around existential meaning, and provides a forum for articulating discontentment felt by many individuals (Moore, 1992). With social paradigms that are in flux and shifting, there seems to be a clear move in psychotherapy towards including values of holism and change, propelling psychotherapy into an evolutionary continuum in the knowledge Age (Anderson & Goolishian, 1992; Varela & Maturana, 1992; Sandow & Allen, 2005). This transition could be likened to a balancing of principles, e.g. a balance between masculine (machine age) values and feminine (communication age) values. Such a balancing of values implies a shift in the focus toward greater connectivity between people (Brown & Isaacs, 1997; Kohanov, 2001). Psychotherapy potentially provides such a medium for people, reflecting clients' existential needs. The totality of these needs and conversations are embedded in a larger context which is omnipresent and all-encompassing to most individuals (Gergen, 2003; Parker, 2004; Walsch, 2004).

In therapeutic and communal conversations beliefs are not merely made up of words and their literal meaning. The subtleties and complexities of a conversational experience cannot be encompassed in such summarized form. Conversational experiences always remain evolutionary, expressing meaning through linguistics and personal experiences. This may extend to include expression in art, literature and philosophy (Meares, 2004). Psychotherapy can also be seen or described as another medium through which meaning can evolve. The shroud of medicine, however, somewhat limits the allowance and understanding for this role of psychotherapy in society (Yalom, 2005). These limits are formed by the restrictions placed on creative expression in psychotherapy of a medically-scientific dominant discourse. As social discourse moves towards the equalizing of power, a dialogue is supported where emphasis is placed on the ethical position of the psychotherapist not transgressing the client's boundaries (Walsh, 1999). A redefinition of psychotherapy is therefore necessary, where it can be seen from a position of greater integrity where its function as a potentially holistic health medium as well as a medical discipline is recognized; a position where the client's personal meaning can be explored in a respectful manner without the imposition of the therapist's preconceived constructs (Yalom, 2005).

'Meaning' in the corporate environment

This drive for heightened interactive connection, dialogue and expression is also reflected in the corporate world. Corporate companies reflect this need for dialogue when utilizing concepts such as the 'World Café' or 'Open Space Technology' (Shaw, 2002). These activities aim to develop and encourage a dialogue which can represent significant and meaningful growth for the people within the organization.

These concepts involve diverse people getting together in groups, usually defined by business needs, where they proceed to have an interactive dialogue about relevant concerns. In this dialogue similar goals are shared which aim to lead the conversations to diversified solutions (Thomas & Naidoo, 2006). The dialogues consist of dynamic group discussions concerning business and relational needs.

Invitations are posted on notice boards to all willing participants who are in the relevant space and time to join the discussion and dialogue with its evolutionary solutions. The 'space' of the world café or open space technology presupposes that everyone's unique voice is required to bring value to the discussion and to facilitate growth. There is no hierarchy in these discussions, and power is shared at the outset of such discussions. The assumptions include the evolution of ideas wherein everyone's input is important and relevant to the final outcome. Final conclusions and co-constructions are based on collective inputs (Brown & Isaacs, 2005).

Such organizations address questions and dialogues that originate from the very root of shifting social paradigms (Levi, 2005; Sandow & Allen, 2005; Senge et al., 2005). Key words emerging in these discussions range from concepts such as 'human spirit', authenticity, integrity, connection, empowerment, truth, vulnerability to moral conscience and other terms previously considered 'esoteric' (Covey, 2004). These terms are indicators for a changing social paradigm.

Beyond existentialism

In order to address the changing social paradigms relating to existentialism, Penn and Wilson (2003) feel that psychotherapy needs to return to the concept of mind extending to spirit. They propose that the possibility of human beings attaining freedom from the confines of materialism and consumerism could exist within the idea of re-embracing mind and spirit. They also propose that the concept of human 'mind' and 'spirit' should be inseparable for a psychotherapist addressing concepts of meaning in a consumerist world. Penn and Wilson (2003) refer to 'mind and spirit' as people's ability to collectively and/or individually experience an organizing force or greater consciousness to life. They further say that this experience enables people to capture and experience existence or life on multi-dimensional levels. Two meanings are usually implied when definitions connecting mind and spirit are used.

- Firstly, that it refers to the human capacity for consciousness which enables the human species, as distinct from all other known species, to strive

consciously to attain something which is perceived to be true, purposeful and good. Or larger than the 'self'.

- Secondly, that it can refer to a set of faculties and processes that generate a psychological sense of 'self', be this an 'internal state' or a process of co-construction taking place between people in dialogue. Encompassed within this are the hopes and aspirations that transcend the human struggle for mere existence and biological continuity in an effort to connect with something larger or universal.

This social dialogue and literature has extended the search for meaning to include recognition of all people's spiritual languages and wider beliefs. It is a convincing point that the psychological realm and religion are intimately linked and related, perhaps even inseparable domains. Both these disciplines look deeply into human nature and ultimately into the meaning of life (Roof, 1999). Today, therapists often complain about resembling 'mechanics' more than healers. Perhaps the current efforts to link psychotherapy and religion are an attempt to reclaim shamanistic roots and a response to the demystification of people's lives as experienced or co-constructed within society (Roof, 1999).

"If as many social scientists argue, religion has to do with major foci of concerns – personal meaning and social belonging – then most certainly it is around the first of these, that religious energies revolve primarily today" (Wendel, 2003, p7).

The changes in the literature seem to reflect a general yearning for existential meaning and understanding. This need appears to have resurfaced challenging psychologists to find a 21st century expression for this, with movement away from the past ages of the machine, industrialism and Newtonian thinking. With these paradigm shifts, control structures in society and research should also make way for a future involving a society where language, information and connection hold great promise (Brown & Isaacs, 1997; Mctaggart, 2002). Alternative discourses are often difficult and fragile for people to hold onto and give rise to dispute as they confront society's status quo. An ongoing social dialogue about difficult

issues is therefore required to ensure room for the renegotiation of deficit and dominant definitions of people, allowing dialogues which fulfil people's needs.

The discourses of results-based, consumerist psychology continually stand in stark contrast to the emerging discourse responding to the call for meaning. One of the greatest emerging discourses around meaning and existentialism is the re-emergence of a public discourse of spirituality. Current language such as 'spirituality', ethics and 'connection' are words which represent this movement in social networks (Senge et al., 2005). These concepts represent people's need to feel more connected to something greater than themselves, some universal pattern or 'good' aspect of society and life. This is where words such as trust, authenticity, transparency and therapeutic integrity become relevant, especially in psychotherapy (Sennett, 1998).

Discourse 4:

Re-constructing 'spirituality'

As with existentialism the majority in psychology distanced itself from concepts of spirituality or religion in psychotherapy. Psychology has historically been seen as part of the process of secularization of modern culture and therefore the very idea of religion has often been scorned, with psychology preferring to adopt a strong scientific stance (Walsch, 1999; Walsh, 1999). The nature of religiosity amongst psychotherapists has, however, become more multifaceted. More research results clearly challenge the dominant image of the psychotherapist as someone who is adamantly secular and critical of religion (Smith & Orlinsky, 2004). Spirituality has consequently become a central and relevant topic within the field of psychotherapy.

The question of the psychotherapist's religious-spiritual experience in psychotherapy is a complex issue. Walsh (1999) has proposed that addressing religion and spirituality is an essential dimension of clinical practice. Shafranske (1996) noted that psychologists rarely, if ever, receive graduate education in the psychology of religion or clinical training encompassing religious issues. Yet this is one of the most powerful routes through which to access human motivation to change. Doherty (2003) also discusses the re-emergence of spirituality in

psychotherapy as representing a new voice of hope in a society which often seems like a wilderness lacking in direction and meaning. More than ever psychotherapists are called on to address religion/spirituality which has been identified by most people as an important aspect of humanity. Religion/spirituality extends to an understanding of how people come to know, understand and mutually co-construct their own concept of spirituality or existential meaning (Penn & Wilson, 2003). This belief evolves across different levels of ontology and different qualities of life, illustrating the depth of need for a therapeutic milieu supportive of spiritual openness and exploration (Smith & Orlinsky, 2004). This experience further includes a growing belief in the environment as meaningful.

One of the impediments to training psychotherapists at this level is that at the most rudimentary level of definitions psychologists often struggle to reach consensus about spiritual definitions. Semantics become an obstacle when lay people and clients appear to prefer spirituality, while most academics prefer the term religion; although these terms are understood to mean different things (Senge et al., 2005; Yalom, 2005). Doherty (2003) cautions and believes that religious/spiritual beliefs cannot simply be termed by a name that is preferred, i.e. 'spirituality' instead of religion. Once people subscribe to a given discourse, i.e. religious, psychological or gender, they promote certain definitions about which persons or topics are more important or legitimate, without being fully aware of what these definitions mean (Hoffman, 1991). Doherty (2003) compares this to a process of annexing language.

Psychology's language cannot take ownership of religious terms and customs without addressing the gap that existed before. This dialogue again raises the issue of religion and religious terms needing to be approached with respect despite the need for spiritual conversations to be initiated. The importance of respect lies not only in resolving people's concerns about their beliefs in therapy, but additionally in belief as a potentially powerful resource for clients in trying to overcome their problems (Walsch, 1999; Walsh, 1999). Only with respect as a foundational principle, can psychology offer people something meaningful in terms of religion/spirituality in clinical healing.

Religion versus spirituality

Psychotherapists are also challenged with the current idea or social definition that the dichotomy between religion and spirituality is arbitrary. Wendel (2003) cautions about this and makes a convincing case that spiritualities, like languages, are tied to communal traditions that society calls 'religion'. An individual client may not affiliate with a contemporary religion, but it would be strange to imagine anyone's spirituality being so idiosyncratic as to be completely unconnected to any of the major religions in history. Wendel's (2003) concept is similar to spoken language, i.e. where all people have their own style of talking, but common, shared ideas remain constant and are passed down to individuals through communal language. Originality therefore lies within traditions, and is not foreign to nor lies outside of tradition.

Debates however, continue about the difference in the terms spirituality versus religion; both are either used to mean different things or they are used interchangeably. The difference between religion and spirituality can be distinguished as follows (Walsh, 1999; Wendel, 2003)

- Religion is primarily defined as a formalized belief system in a 'higher being', whereby dogma and ritual regulate the actions of the individual or group.
- Spirituality is considered in a broader light and is sometimes called 'lived religion'. This is where a person's unique, personal and private relationship with a creator or 'divine' element/s is explored.

More recently, however, the meaning of religion has evolved in a different direction. The term religion is often viewed as a fixed system of ideas or ideological commitments that frequently fail to represent the dynamic personal elements in human piety. At the same time, the term spirituality is increasingly used to refer to the personal and subjective side of religious experience (Yancey, 2002). A polarization of religiousness and spirituality is witnessed, with the former seen to represent an institutional, formal, doctrinal, authoritarian and inhibiting expression in society, while the latter represents an individual, subjective, emotional, inward and free expression of belief. There is the growing implication

amongst many people that spirituality is 'good' while religion is 'bad' or restrictive (Hill & Pargament, 2003). Religion is often associated with force, domination and control, whereas spirituality includes concepts such as loyalty, freedom and peace (Hawkins, 2002).

Most clinicians seem to speak of spirituality as this is seen as more inclusive of different ideas yet accepting of difference. People feel that spirituality implies flexibility. Walsh (1999) attempted to distinguish the two by describing religion as extrinsic and spirituality as intrinsic. Both terms are descriptions for people's collective experiences of how they feel they have been allowed to connect with one another, be it in a space defined by an externally experienced agent or 'god', or defined by an internally experienced agent such as personal authenticity. Wendel (2003) however cautions against the use of the word spirituality, claiming that the term spirituality is often confused with people's psychological need for a relationship with a transcendent being, entity, or activity.

Many people feel that spirituality refers to exactly that though, their need for a relationship or involvement with a transcendent reality, something that extends beyond the limits of religion. Psychotherapy literature explores spirituality as a search for the sacred, a process through which people seek to discover, hold on to, and when necessary, transform whatever they hold sacred in their lives (Hill & Pargament, 2003). The sacred is what distinguishes religion and spirituality from other phenomena. It refers to those special objects or events that are set apart from the ordinary and thus seen as deserving of veneration. The sacred includes concepts of 'god', the divine, ultimate reality, and the transcendent, as well as any aspect of life that takes on extraordinary character by virtue of its association with or representation of such a concept.

The 'sacred' becomes the common denominator of religious and spiritual life. How to understand the role of the sacred in these pathways and destinations is the special challenge for the researcher of religion and spirituality. Roof (1999), has made the following observation, "words like soul, sacred, and spiritual, resonate to a curious public" (p7), and "contemporary quests for spirituality are really yearnings for a reconstructed interior life..." (p35). These spiritual quests are

expressed through specific words that describe and capture the essence of people's beliefs.

Additional writers on spiritual direction have defined it so broadly that it encompasses almost every aspect of life (Wendel, 2003). Walsh (1999) however, believes that spirituality should once again be kept closer to the confines of religion. Wendel (2003) on the other hand defined spirituality as 'that which connects one to all that there is' (p.6). If one was to follow the criticism that spirituality is the wrong word, then it brings one back to the argument of language, i.e. the definition of a construct as religious or spiritual is limited and therefore becomes debatable. If general social consensus exists around a word, then that word represents a valid reality and cannot be debated by academics, researchers or clinicians. In the current case a strong social discourse appears to be developing around the use of the word 'spiritual' with the inferred meaning of living a meaningful life with a personal relationship with a creator. This definition cannot be academically debated if people share consensus that it is a defining point of reality.

Lived religion

When Roof (1999), a sociologist of religion, explored the arena of contemporary spirituality he used the term "lived religion" (p.41) and described it as religion or spirituality experienced in and through everyday life. This is a term which has become popular and refers more specifically to the daily practices that define spiritual meaning in a person's life; it does not necessarily connect with formal religion (Doherty, 2003). The term 'lived religion' refers to spirituality as inherently social as well as personal, and that religion, despite its tendency toward institutional rigidity, is necessary for the transmission of the spiritual life across different generations.

Lived religion is a powerful language construct that is useful in understanding spiritual discourses. Such a construct allows one to grasp in useful detail concepts such as personal meaning, personal belonging, beliefs and practices within the various psychological movements today. Lived religion tries to understand the space between people's official beliefs and daily experience. Lived religion

therefore appears to be a more concrete expression of the personal and sacred dimensions of human life as people attempt to make sense of it. Roof (1999) also examined lived religion through a narrative lens, speaking of White and Epston (1990) who explored the 'lived experience' of their clients through the narrative tradition. The spirituality of clients can also be explored through the texts of clients' describing their lived religion.

Talking about the client's lived religion in therapy can occur in relatively low-intensity ways. The therapist can assume a position of curiosity that does not require expert knowledge in theology or religious traditions (Doherty, 2003). Doherty (2003) calls for an approach to the world of 'lived religion' where psychology takes a position of humility, where knowledge first has to be gained about the languages and traditions of the relevant beliefs, and work with local healers and people has to take place before psychology can comment.

Literature has argued that spirituality is a core part of human life and the human 'spirit', and that it cannot be ignored in psychotherapy (Doherty, 2003; Smith & Orlinsky, 2004). What this spirituality should look like in psychotherapy is a difficult question, although the concept of 'lived religion' offers a potential solution (Roof, 1999, p.41).

Although conflict persists between the different schools of thought, ideas around this have begun to change, sprouting forth a surge of literature about religion and spirituality. After a century or even longer of ignoring and even pathologizing religion, therapists have to be cautious about how to re-negotiate the territory in this area. To understand these changes, it is necessary to consider what this 'spirituality' entails in the literature and what it represents within the psychotherapy context. This is relevant to psychologists who are interested in staying abreast of social demands and applying the idea of spirituality to the discipline and resolution of human problems. It is also relevant to therapists who are responding to the growing demand from clients and society for greater meaning within social dialogue (Doherty, 2003; Penn & Wilson, 2003).

Discourse 5:

Spirituality and health

As behavioural and health sciences have been dominated by positivist viewpoints of the 20th century, the spiritual side of health and healing human beings has often been negated. Spirituality has thus been seen as immaterial, or by definition inappropriate for scientific investigations relating to health or healing modalities (Miller & Thoresen, 2003). There is, however, substantial and growing literature that connects religion and spirituality to physical and mental health, as well as quality of life and therefore it becomes very relevant to psychotherapy (Hawkins, 2002; Hill & Pargament, 2003; Wendel, 2003).

The concept of health itself has emerged in recent decades as something far more than just disease-free biological functioning (Jones, 1999). This kind of thinking has become tacit knowledge over hundreds of years of belief. This idea of health and belief or faith, is also powerfully influenced by cultural, social, and philosophical factors. These ideas or definitions of living encompass spiritual direction and living in a way that embraces all aspects of well-being and health, including healing and spiritual rituals (Jones, 1999; Wendel, 2003). Spiritual and religious rituals have been known to support people through particularly difficult times. As individuals search for meaning and purpose in life, psychotherapy will in future be required to improve its role with regards to this (Miller & Thoresen, 2003). Doherty (2003) warns though of therapists who can do harm when they intervene in clients' religious rituals, and that these rituals need to be respected even if the emotional content is tied directly to the spiritual.

The scientific stance as well as peoples' desire for meaningful beliefs is complexly reflected in health concerns which now extend beyond the boundaries of purely the medical world. Health concerns are no longer viewed as physical manifestations only. Although this may not be new to psychotherapy in terms of the concepts of psychosomatic complaints, the boundaries of this have extended even further, including sprouting an array of alternative methods and thinking. In health psychology and other healing modalities the role that beliefs play is a recognized pivotal factor influencing body and illness.

Religious resources figure prominently among the methods that people call on when coping with life-stress and illness. Many more psychotherapy clients are willing to discuss that they hold a belief in a god or in religious affiliations. A substantial number of these people have further stated that their spiritual faith is the single most important influence in their lives. A majority of clients receiving health care report that they would like their caregivers to ask about and discuss spiritual aspects of their illness, with particularly high percentages of clients claiming to regularly attend religious services or practice personal spiritual rituals (Hawkins, 2002). Spirituality is clearly an important factor in supporting people who are coping with serious and chronic illness, and the investigation of spiritual factors in health is therefore warranted and clinically relevant.

The changing demands on psychotherapy from the current social context illuminate the necessity for a change in therapist attitude, awareness and accountability regarding the discourses that clients believe are relevant in psychotherapy.

Discourse 6:

Ethics and responsibility in a deficit society

The mental health field has expanded its view on ethics to include a greater focus on professional responsibility and accountability. This growing focus has additionally captured the attention of the public and society (Parker, 2004). The discourse concerning the role of ethics in psychotherapy reflects and comments on the psychotherapist, clients' and public's use of language.

Language holds the potential of implicit power relationships which can infuse psychotherapy. Language holding power has traditionally been based on descriptions of deficit to the exclusion of other language approaches or belief systems. This language reinforces hierarchy and power structures, often rendering clients helpless or potentially closing down their options for change (Rosenau, 1992). One of the psychology paradigms questioning the power dynamics in the predominant professional view of ethics is called critical psychology (Prilleltensky & Nelson, 2002).

Critical psychology propagates the idea of professional responsibility while questioning power dynamics in healthcare. This paradigm considers and highlights the social factors and beliefs which promote the misuse of power in trust relationships, albeit through ignorance. Critical psychology also questions the impact of professional and societal power on psychotherapists and their clients (Parker, 1999). This movement specifically considers social and economic differences in society and how these influence people's mental health. Critical psychology is however not the only dialogue being heard with regards to this. The public discourse has also become more focused on therapists' accountability, ethics and legal responsibilities towards clients.

Foucault's (1978; 1979) writings on knowledge and power are particularly relevant to this discussion. Foucault (1978) argues that language acts as a powerful primary medium for carrying out relationships. Language symbolizes and constitutes what people understand the world to be and further assists with making sense of people's 'created' reality. Through the function of symbolization language becomes a process that acts as a socially binding force. Language that

limits dialogue also inhibits the definition of certain people, thereby restricting their relationships and ensuring that societal power dynamics of privilege are sustained. Similarly, when mental health language limits people unnecessarily, it does not allow for growth of meaning to develop. Through such limitations of language, the misuse of power is often perpetuated (Gergen, 2003).

While certain medical terms are necessary to make sense of people's behaviour and conditions, it is equally viable and plausible to be respectful and understanding of ideas that do not emerge from the common medico-social 'dialogue'. An understanding of culture and context is imperative to balance psychotherapy relationships (Gergen, 2003). Such an evolution of ideas and language is not unlike the medical struggles which took place centuries ago. Accepted practices of incarcerating patients due to being 'demon possessed' or blood letting for healing purposes were sustained by medico-social discourses of the time, even though they were abusive. These abusive practices were limiting to the patient in the extreme, allowing no alternate understanding or definition of what could have been occurring at that time (Covey, 2005).

Language limited by deficit definitions does not enrich or heal people in any significant way, but rather serves to disempower people.

Deficit language

A present day description of deficit language would be a consideration of how the mental health movement has emulated the natural sciences. The mental health profession has attempted to classify most problems or forms of 'dysfunction' in terms of mental illness. As a result of this, difficult behaviours are often represented as fixed or finite realities, or also termed as 'mental illnesses'. Most problematic behaviours thus become candidates for 'deficit' classification. Furthermore, due to the lack of knowledge that people often have of 'illness', it is viewed that there is a professional and indeed political responsibility to alert the public to illness or mental disorders. In a similar vein to the way that signs of breast cancer, diabetes, or venereal disease should become common knowledge within a culture, it is argued that people should be able to recognize early

symptoms of stress, alcoholism, depression or other such conditions (Gergen, 1994).

If this approach were viewed as a scientific attempt to provide reliable treatment for people's anguish, there could potentially be virtue in it. However, this is mostly not the case as there is very little support ensuring that public attention and education is directed at understanding the context of illness or problems. It is therefore largely the unnoticed, peripheral damage of this approach that is a concern. When too many human experiences are viewed as illnesses, the dangerous road to conditions of infinite 'irreparable' disease has been chosen (Seikkula et al., 2003).

The greatest concern about this is perhaps how these types of 'illness definitions' become used as power abuses or limiting definitions, which is often linked to some people classifying the studying and curing of illnesses of the mind as a noble calling. By defining an inherently basic human condition as an illness, is not only to pathologize certain experiences but also to imply that a treatment or cure is possible. This is the very kind of thinking that has established a perceived belief around a 'miracle' or scientific cure that clinical psychology and psychiatry should offer. This further presents scientifically accepted forms of 'intervention' as a cure, solidifying the belief in a 'cure' (Hawkins, 2002). A primary problem with this is that it puts the source of power outside of the individual and in the hands of the 'scientist', and further rigidifies solutions and dialogues. This rigidity feeds into this belief in a predetermined cure mirroring a medical model of specific treatments, e.g. as would be the case with infections or high blood pressure. However, the expectation of cure also creates the backdrop for the high levels of disappointment surrounding the 'failure' of psychotherapy to 'cure'. If these conditions are not defined as illness with potential cure, but rather as 'dis'- ease as part of the context, then psychotherapy expectations and difficulties could be more manageable. This could potentially allow a person to explore the contextual roots of a problem instead of 'outsourcing' full responsibility to an elusive 'instant' cure.

Gergen (2003) argues that the status quo has been established in view of a culture that defined what the deficiencies of the self are, and that this has merely served the business interests of the professional community. This does not

necessarily imply that individual therapists do not care or are unethical in their work; most professionals share a sense of what is acceptable or unacceptable behaviour. It is more relevant to say that within the profession, the political and moral arguments are often removed from public view. The separation of this dialogue from the public runs the risk of reification of the profession, which leaves the public open to assumptions and perceptions which are potentially destructive to people's real life therapeutic experiences. Reification of the profession directly supports the problem of deficit language.

Language which primarily uses deficit descriptions often reflects a skewed and biased world and therapy (Parker, 2003a). What is often not considered with such language structures is that life as defined by people within social structures is seldom coherent. Many social structures are comprised of variegated and often brittle discourses originating from varying contexts, some of these views are dislodged from the original context and presented in discrepant ecologies and dialogues. This process leads to new meanings being ascribed to these dialogues as they are assimilated to represent some sort of belief or discipline (Ludema, 2001). An example of this is psychotherapy discourse where professional labels are used publicly in the wrong contexts. Through continued use these specific deficit labels and meanings are in time considered to be socially coherent even if they are not necessarily so (Gergen, 2003).

Examples of deficit labels are seen when emotions are viewed as more serious than they actually may be. For example, there is nothing intrinsically wrong with prolonged sadness or lethargy as these states are in themselves non-threatening, however, to classify these emotions as 'mental illness' defines them as undesirable, inferior and flawed states. 'Normal' behaviour in this sense then simply becomes behaviour that is socially acceptable, not necessarily a transparent or healthy reflection of a person (Gergen, 2003). Gergen (2003) argues that people can be classified as mentally unstable merely by the inappropriate use of language. He further argues that people may be classified as mentally ill by virtue of many 'conditions' that become subjected to medical treatment. Although some of these conditions may accompany mental illness, they are not necessarily in and of themselves an illness.

Colloquial language has also extended itself to include terms such as neurosis, stress, alcoholism and depression as these terms are no longer 'professional property' but have become 'public property'. The public assumes greater ownership of this intellectual property, often shaping or influencing a deficit focus and misunderstanding the context for the description (Sennett, 1998). The public discourse freely or loosely uses deficit terms, such as 'split personality', 'identity crisis', 'attention deficit disorder' and 'post-traumatic stress'. These terms also evolve and change over time demonstrating their constructionist nature as can be seen with the term 'nervous breakdown' which has all but disappeared from common language (Gergen, 2003).

The range of deficit language labels available to the public appears to vary so widely that mental illness easily begins to dominate social dialogue. This relates to a deeper level of language that defines people's realities, for instance, day-to-day problems of living progressively becoming contaminated with the overwhelming deficit repertoire available, translating many daily problems into deficit discourses of illnesses or defect within the individual. This deficit discourse then begins to resonate with the general 'authoritative' discourse prescribing to a medically problem-related view of the world (Ludema, 2001; Seikkula et al., 2003). Discourses of mental illness used by medical practitioners and the public rapidly diminish the options for growth and alternative dialogues to develop in psychotherapy. This is particularly the case when a dialogue negates the context from which it came, or negates the understanding that solutions are ultimately embedded in contexts and relationships, not in events alone.

As these vocabularies of deficit are disseminated into mainstream culture, they become absorbed into common language and eventually become part of everyday knowledge and cultural discourse. This cultural discourse is utilized in the construction of everyday reality. Deficit discourse consequently becomes increasingly necessary to make the social world intelligible, and the world gradually becomes a domain populated by deficit (Parker, 1999; 2003b). Deficit language also shuts down shared discourse and in essence risks becoming monological language. Monologue shuts communicational doors which could lead to new avenues of growth that are potentially meaningful and deeply liberating,

whereas language that is less focused on deficit creates a potentially dialogical space, through which new realities can be created (Kenny, 1999).

It is vitally important that professionals acknowledge and take ownership of the importance of language processes in psychotherapy and the ethical impact of this. Deficit dialogues can also profoundly shape the course of psychotherapy and the perception of clients and cultures. On an even larger scale it is important that the dialogues used in societal discourse are communally owned (Ludema, 2001). Events that pass unnoticed can easily become issues prone to deficit interpretation. Actions that were once seen as 'daily life' can possibly be reconceptualized as obsessive, phobic, or repressive. Once certain terms such as 'stress' and 'occupational burnout' enter the daily dialogue, they easily become lenses through which any working person can re-examine his/her life and find it wanting. What may have been valued as active ambition could be reconstructed as 'workaholic' behaviour, a smart person may be labelled as narcissistic and an autonomous person labelled as defensive due to premature constructions (Gergen, 1994; Seikkula et al., 2003).

Although labels may have their uses, they all too easily become part of a limiting discourse that possibly shuts down exploration and understanding. There are also, however, many common or grass roots terms that can be enormously serviceable. Being 'hung up on her', has entirely different implications to being obsessed, having a case of the blues is indeed lighter than having depression. Working too hard or having an overly indulgent chocolate craving potentially invites dialogue with friends and colleagues, as opposed to entering an addiction programme (Seikkula et al., 2003). The power of language and construction should not be ignored by any responsible therapist.

Pressures of deficit on the profession

As people's actions are increasingly defined and shaped in terms of mental deficit language, there is also an increasing demand for mental health services and even for medication. These services allow people to escape the uneasy sense that they are not all that they should be. Support groups become part of the buzzwords for 'victimization' or 'co-dependency'. Deficit language and approaches allow for more

drugs and quick interventions that seemingly offer secure means to restoring 'happiness'. The attraction of drug centred 'cures' becomes more obvious when one considers the consumer and escapist nature of the current society (Gergen, 1994). Some people feel that the role of pharmacology and medication in mental illness has replaced and picked up where religion and faith have left off.

This deficit culture is partially reflected in the growth of mental health expenditure over the past decades. Mental health expenditures were minuscule during the first quarter of the 20th century, but since the late 1970s mental illness has become the third most expensive category of health disorder in the world (Gergen, 1994). Yet with all this extra help, people still seem to be in deep trouble, the growing deficit discourse has not liberated people from their struggles. This level of concern that people have with their emotional well-being with very little relief ensuing, attests to the possibility that something more than the current reality is required. Psychotherapy is responsible for addressing this need at some level and for understanding the role of deficit language on the community and culture.

On a more subtle level, there are pressures toward expansion of the professional vocabulary produced by the client population itself. As the culture absorbs the emerging labels of the profession, the role of the professional is both strengthened and threatened. If the client has already 'identified the problem' in the professional language, and is sophisticated about therapeutic procedures, then the status of the professional is already placed in jeopardy (Seikkula et al., 2003). In this way there is constant pressure upon the professional to 'advance' understanding, to propagate more 'sophisticated' terminology, and to generate new insights and forms of therapy. This is the pressure often felt by practitioners in private practice as an ever-shifting sea of therapeutic fads and fashions assault people and the profession. Rapid change is virtually demanded by a public whose discourse is increasingly 'psychologized' and 'consumerized' (Gergen 2003). However, it is exactly this dynamic that keeps many therapists in the power seat, tempted to use further deficit language to satisfy the client's demands.

Deficit language is addressed by assuming responsibility and accountability for one's actions, and is considered in psychology to be a key factor to attaining emotional and possibly moral maturity (Tappan, 1991). Moral functioning is

necessarily mediated by words, language, and forms of discourse. Such mediation occurs primarily through the experience of personal re-construction of others' dialogues. This is also referred to as a reflection and construction of the experience of personal authenticity in relation to communal interchange. Tappan (1999) argues that the 'moral' self is situated neither psychologically nor socially, but dialogically, as a function of the linguistically mediated exchanges between persons and the social world, and that this is at the core of human experience. One may find moral and therapeutic identity therefore primarily in the process of reflection of 'constructed' narratives and contexts. The development of such identity entails a process of ideological 'becoming'. This is where a person selectively assimilates the words, language and morals in the dialogue, forming a discourse with the others in the dialogue (Tappan, 1991). Such realizations place before a therapist a host of moral obligation or accountability in terms of the language used in psychotherapy.

Vygotsky (1987) speaks of self-ownership or self-authorship as alternatives to deficit language. He speaks of other people's words being internalized by the listener but not owned in the re-authoring process. It is in this co-authoring that people are able to challenge the deficit structures of meaning. In an attempt to move away from deficit language, alternative empowering language holds the potential of ownership and co-authorship of relevant social discourses for psychotherapy and all people.

The traditional ideas of psychotherapy seem to be changing, with the focus shifting from purely intervention and technique based psychotherapy to the inclusion of the effects of language, networks and context on psychotherapy (Seikkula et al., 2003). This impact of language and context can foster or inhibit the ability of the client to author a more personally relevant dialogue. Understanding and addressing the effects of deficit language or discourse on social structures and therefore on psychotherapy is imperative to allow for difference in these dialogues and for growth.

According to Foucault (1977) all professions with the prefix 'psycho' or 'socio' are based on developing a normalizing gaze that detects deviations. Normality is the area between the extremes. Paradoxically, the expert system, while refining

competent ways of helping people, creates both intended and unintended consequences in problem solving. Ultimately the concern is not simply that deficit language claims people's power and embeds itself in social systems, nor is it that it could lead to an exponential increase in mental illness. The concern extends much further to the slow eradication of alternative discourses that people can access (Senge et al., 2005). These are discourses that assist with understanding the constructions of 'self' and the alternative forms of action that such understanding may provide.

Conclusion

Social discourse seems to reflect the immense call for change and progress in psychology. A potential indicator of this progress would be a discourse redefining the concept of 'cure'. Instead of defining the solution to problems through the repair of defective social structures and personalities; psychological cure could be defined as the development of co-evolving languages and the co-ordinated exchange of dialogue in relationships (Yalom, 2005). Such a change in key values and concepts speaks of a more holistic approach to psychotherapy with inclusive, pluralistic and diverse knowledge. This would be knowledge that values intuitive as well as 'spiritual' knowledge at least as highly as it values rational-empirical knowledge. This would be an inclusive, postmodernist epistemology, possibly gravitating psychotherapy towards a new paradigm.

An inclusive paradigm would acknowledge people's beliefs, be they of spiritual or transpersonal nature (Yancey, 2002). Such an approach would also repel overt individualism in professional psychotherapy which is accused of arrogance and irrelevance. It would also embrace, encourage and recognize that healing practices from every culture are of value, moving the concept of mind beyond conventional opinions. This would imply that mind is no longer an 'object' constituted in the internal conversation of the individual but as part of a social discourse. This refocused attention to mindedness as a feature of societal identity could open the door to an expanded understanding of a variety of other key symbolic concepts and concerns in society, including metaphysical beliefs (Sanders & Arluke, 1993). Within the understanding of culture the therapeutic phenomenon

should thus be contextualized through the broader evolution of human consciousness with more attention being paid to the interface between philosophy and psychology (Covey, 2004).

Gergen (1994) speaks of the power of language not only to create such a reality and discourse, but to keep the power dynamics of societies and cultures in place. The fragility of all realities and their definitions, if not kept in check, enables people to problematize their view of psychotherapy and of life. Language also sensitizes people to the way in which psychology as science actively participates in the conflicts of cultural power or religious suppression. However, this dialogue is far from being accepted or even heard in mainstream social discourse and symbolizes one of the singularly most 'stuck' points in psychology. Language ensconced in fixed definitions and labels seems to prevail and inhibit new thought systems from developing in the field and in broader systems. Psychotherapy must therefore move into a deeper space of meaning and multiple realities, recognizing the illusion created in social structure and language that promises the potential of stability. The therapist should not attempt to be the social engineer creating perceptions that certain realities are more legitimate than others. Theories must always be understood within the context and community from which they emerge (Duncan & Moynihan, 1994). This implies the development of trust wherein new cultural forms are harnessed to support people with difficulties of living. Such a new form would encourage greater respect in the new millennium (House, 2002).

In order to avoid intrinsic abuses, psychotherapy should continually aim to be deconstructive of its professional ideologies, processes and clinical practices, i.e. to open a dialogue about the construction of the discourses influencing and shaping psychotherapy. "An approach to psychotherapy is called for which is post-modern, deconstructive, and unavoidably hermeneutic in both philosophy and practice while making room for and respecting clients' personal beliefs and faith" (House, 2002, p3). Such a shift in approach no doubt brings to light the many ethical concerns surrounding psychotherapy and the role of the psychotherapist. "What has tended to happen, then, is that the content of therapy has been subjected to the most stringent interrogation and critique, while the very 'project' of therapy per se has typically escaped any similar level of problematization" (House, 2002, p.2). This is different to conventional therapy which typically functions as a 'regime of truth',

potentially acting as a self-serving and ethically questionable ideology, which may have far more to do with therapist-driven self-interest than with authentic and meaningful therapeutic experiences.

de Vulpian (2005) says, "our hyper-complex and living society is also, like all living things, the seat of pathological processes. The therapeutic procedures, regulators or immune systems that are spontaneously developing are not yet properly effective, in particular because many governments and old-fashioned but still powerful enterprises are not playing the game of a living society" (p.31).

These shifts that are observed in the collective psyche and dialogue appear to point to people's very real underlying desires and needs that have to be acknowledged in terms of change on a personal and large scale level for psychology. These are all embedded and reflected in different discourses. Addressing these discourses and listening to the deeper meanings of these discourses and the possibly subjugated meanings within them requires existential courage and living with greater compassion (Goldberg, 2004). Psychology potentially holds the keys to unlocking a world of greater compassion, soul, connectivity and humaneness (Hawkins, 2002; Yalom, 2005). Such a psychology is capable of paradigm shifts, which, if used correctly, can aid others in their suffering, and is different to social engineering. Paradigm shifts and emerging dialogues will address the evolution that is occurring on every level of society and represented in social discourses. Human beings are part of society as is psychology. Psychotherapy cannot be left behind in the evolutionary process because of ignorance and deafness to the dominant or emerging discourses (Hawkins, 2002; Zohar & Marshall, 2004).

With a background in the importance of social discourse and the factors influencing psychotherapy, it becomes relevant to consider different peoples' experiences of these social factors through 'actual' conversations held in and outside of the psychotherapy context. The two chapters that follow explore the conversations which took place within and outside of the psychotherapy context, and what this conveyed of the discourses surrounding psychotherapy through people's perceptions of psychotherapy. The two chapter that follow address conversations

within psychotherapy, and the subsequent chapter to that addresses conversations outside of psychotherapy.

CHAPTER 8

VOICES IN PSYCHOTHERAPY: "REFLECTIONS OF SOCIAL DISCOURSE"

We are challenged to reach an affirmative partnership with our own complexes and shortcomings. This can be a formidable task indeed. It amounts to a constant struggle with ourselves in which the balance always keeps tipping, asking ever again to be restored. But the discovery of meaning in this tug of war of conflicting impulses and needs might also be the most central task of human creativity, perhaps even the reason and purpose of life and our cosmic contribution to being alive.
(Whitmont, 1993, p.139).

Introduction

The concerns about what defines psychotherapeutic 'dialogue' as effective versus ineffective, probe beyond the assumption that therapy is simply about 'talking', or 'talking about problems'. 'Talking' is merely one facet of the interactional exchange that takes place between therapist and client (Gendlin, 1996; Hubble et al., 1999). In this interactional exchange, many other factors and processes play out which are embedded in the relationship as well as in the wider ecosystem (Duncan & Moynihan, 1994). These factors and processes mostly remain unacknowledged and unexplored in psychotherapy as well as in research. This anonymity and lack of research is often due to difficulties related to articulating problems in relevant, clear or familiar language. In a multifaceted context such as psychotherapy, language and dialogical factors play a significant role in the understanding and social definition of psychotherapy.

Language influences the relational factors and dynamics in which psychotherapy is embedded, reciprocally affecting a serious and substantial impact on the client's lived reality and social discourses of psychotherapy (Montgomery, 1995). According to the post-modern and social constructionist views, 'lived' reality and experience are of the most powerful sources of information available to people

(Dell, 1980; Moules, 2000). No amount of research, theories or hypotheses can substitute for this type of 'truth'. Psychotherapy is also no exception to this (Senge et al., 2005). Actual therapeutic encounters serve to describe people's lived narratives thereby capturing valuable information. The richness and value of this real life information cannot be compared to structured questionnaires or interviews.

In order to gain a greater understanding of the dialogical and sociological factors influencing psychotherapeutic effectivity, several psychotherapy case studies were conducted. Although one such case study is presented in detail in this chapter, the emergent social themes and discourses are not unique to this case. The additional case studies that were undertaken assisted with enriching the investigator's understanding of the phenomena being studied. These case study conversations also provide themes which divulge important information about society's potential influence on psychotherapeutic effectivity.

The aim of this chapter is therefore to explore specifically the client's constructions of the dominant social discourses. An understanding is sought for how the client's dominant perceptions, stereotypes and expectations interact with, and influence the psychotherapy process. Through a process of collaboration and co-construction, the emerging dialogue attempts to highlight recurring social ideas and themes. These themes indicate the underlying dominant social discourses which represent pivotal eco-systemic and ecological patterns within society.

These discourses could assist with understanding the dynamic interface between social patterns, individuals and psychotherapy and the effects of these on psychotherapeutic effectivity.

Evolution of the process

A brief synopsis of the research process is outlined to provide a context for the conversations to follow.

Initially, individual psychotherapy was extensively explored and provided a point of departure for this study. The primary focus was thus on the way in which the psychotherapy process unfolded between client and psychotherapist. However, it became evident during the case studies that even though the cases contained unique individual narratives, the patterns relating to clients' perceptions, beliefs, use of language and opinions of psychotherapy were all very similar. These ideas included perceptions that society holds of what is or is not acceptable regarding the expression of problems, emotions or psychotherapy treatment in general. The generality of these themes guided the research process outside of individual psychotherapy in order to understand the contextual link between these personal themes and social opinions or perceptions.

In order to understand the connection between the individual's in psychotherapy and their shared opinions with other aspects in society, conversations were conducted with colleagues in the psychology field. Conversations took place outside of the therapy context and also extended to include supervisors, peers and the public who were willing to share opinions about psychotherapy.

These conversations served to provide an understanding of the social views and public discourses surrounding psychotherapy. These views and perceptions are discussed in the following chapter.

The current and following chapters are continuations of each other and should not be viewed as separate discussions. The divide between the chapters is somewhat artificial as the discourses within psychotherapy (micro-context, chapter 8) and the discourses about or 'outside' of psychotherapy (macro-context, chapter 9) are extensions of each other. They filter through all contexts and cannot be separated. The division is made, however, for the sake of greater clarity and simplicity in reading.

Narrative Style

At times a narrative style is used to capture the descriptions in the case study. Narratives attempt to take the reader into the world of the writer, providing a detailed experience of 'standing in the shoes' of the narrator. This is in favour of a

purely clinical report which may dull the description. The narrative attempts to sketch a vivid recreation of the therapeutic dilemmas and concerns observed and experienced by the client and the therapist (Penn & Frankfurt, 1994). A first person approach often gives the narrative greater authenticity, as a third person 'voice' may create distance between the reader and the writer's experience.

The specific narrative which is explored is by no means a complete or absolute description of psychotherapy, or of the dominant social discourse of psychotherapy. The case study is an attempted construction of some of the most relevant factors relating to significant and dominant social discourses affecting psychotherapy.

The case study that is presented is done under the pseudonym of 'Bronwyn'. Throughout the chapter all individuals are referred to under pseudonyms.

Bronwyn

Bronwyn is a 35 year old woman who requested psychotherapy. Bronwyn is married with two children, a boy and a girl aged eight and five years respectively. Bronwyn is married, and lives with her husband in the northern suburbs of Johannesburg. He is 36 years old. The children attend a local primary school. Both spouses are successful in corporate careers and have been married for 10 years. In terms of Bronwyn's history, she is the eldest child in a family of three children. Bronwyn has a younger sister and a younger brother. Her father, retired now, was a highly qualified physicist working for various government institutions. Bronwyn's mother was a sculptor and a dancer. She taught sculpting privately for many years although at times this was erratic due to her husband not wanting her to work.

Initially, Bronwyn came to psychotherapy somewhat reluctantly. She said she wanted 'help' but that she was doubtful whether the process could in actual fact help her. She also said that she was willing to give the process 'a try'. The following concerns emerged as areas which Bronwyn wanted to address in her psychotherapy.

Bronwyn's family history and structure

Bronwyn describes her father as emotionally and physically absent during her childhood. She also says that he was a controlling and authoritarian figure within the family. She describes her father as deeply work focused, placing importance on morals and responsibilities, but that she frequently experienced him as 'cold', distant and unresponsive. Affection would be shown with brief hugs or a goodnight kiss but with very little real emotional intimacy being shared.

Communication with him is described as a particularly difficult area. Bronwyn also describes her father as highly critical and religious, saying that she struggled with his intellectual approach to life and to emotions. The religious aspect later became a point of contention for her in adult life as she felt it created emotional distance in the relationship with her parents and brought no value to her life.

Bronwyn describes her mother as very nurturing when they were young children, but overly protective. During her teenage years, Bronwyn's says that her mother also became emotionally absent, with erratic moods swings due to becoming chronically ill with multiple sclerosis. Her mother subsequently died when Bronwyn finished university. Bronwyn obtained a Bachelor of Commerce degree in accounting. Her mother put a lot of energy into her children in terms of doing physical things for them, although finances were often a problem and caused distress in the family. Bronwyn says though, that her mother often felt unable to provide for the children's needs. In time the financial concerns became a major point of conflict between her parents.

Bronwyn describes her parent's marital discord which was expressed through verbal arguments and periods of silence. Bronwyn suspects that her mother may have suffered from an underlying depressive disorder, although this was never confirmed as she refused treatment for her depression or for her MS. Bronwyn ascribes the loss of her mother's creative abilities to the MS, which she believes exacerbated the depression and emotional withdrawal that her mother displayed.

Throughout her childhood Bronwyn confirms that she experienced her parents' love for her, but felt poorly affirmed or recognized by them. Many of the activities that she took part in seemed to be unimportant to them, and she feels she now suffers from low confidence and self-esteem as a result of this. Her parents always seemed to have other more pressing interests or were elsewhere preoccupied, e.g. engaging with church activities rather than with their children.

Bronwyn describes her siblings as very different to her. Bronwyn and her sister are close in age but share very different interests and attitudes. Bronwyn's sister is a highly successful corporate lawyer. Sibling rivalry and competition seem to be a common theme between them. The youngest sibling, the brother, is further away in age but has more of a protective relationship towards Bronwyn. He studied drama and moved to London to further his career, and is often labelled as the 'odd' one in the family. He is largely on the periphery of the family with most of the direct competition and family dynamics unfolding at a distance from him.

Bronwyn says she was a quiet child, hard working and diligent at school, but very insecure around the other children and mostly feeling that she was the school 'nerd'. As a result of this Bronwyn felt ostracized at school and often struggled to make friends. Bronwyn also felt that that her mother did not approve of many of her friends. Bronwyn subsequently defined her mother as her best friend. She also says that she tried very hard to be "mom's right hand" at home, especially after her mother got sick, and because her mother often spoke of feeling let down by their father. Bronwyn says that she believes her difficulty with trusting others is as a direct result of her friendship with her mother to the exclusion of other people.

Bronwyn married in her-mid twenties after her mother's death. She describes herself as overly responsible and struggling to express herself. She believes that this was exacerbated by the loss of her mother. She also claims that she leans towards conservatism, and that people take advantage of her kindness and loyalty. Bronwyn says that she is afraid of taking risks but would like to feel happier, have more balance, more friends, learn to communicate better and manage her health more effectively.

Bronwyn's reasons for beginning psychotherapy

Health concerns

Bronwyn discussed several concerns during her first psychotherapy session. A number of these related to health issues that she had suffered from over the past few years. Bronwyn sustained a major back injury a year prior to starting psychotherapy. This injury required surgery for a collapsed disc which was removed, keeping her off work for six weeks. Continual problems with her weight and metabolism plague her and despite countless attempts at losing weight or gaining control of her weight and health, she feels that she repeatedly fails at this. This feeling of failure appeared to be deeply upsetting. The weight struggle emerged as a primary factor that Bronwyn wanted to address in psychotherapy. Bronwyn also said that she suffered from severe acne as a teenager, which she feels damaged her self-esteem.

Bronwyn also suffers from a chronic and at times debilitating cough, as well as a post-nasal drip for which doctors cannot find a root cause. Tension headaches, hypertension, high cholesterol and gastric reflux were further health issues which Bronwyn reported struggling with on a regular basis. Many of these concerns seemed to indicate that Bronwyn endures high levels of stress and anxiety, and that she is possibly not coping with her current life circumstances or environment. Bronwyn also described frequently feeling anxious and depressed, and admitted that she found it difficult to be compliant with most medication, i.e. ranging from anti-depressants through to high blood pressure medication or weight supplements.

Career concerns

On the career front, Bronwyn described feeling highly stressed and frustrated with her job, as well as her career path in general. She holds a management position in a corporate, financially-based environment. This environment is difficult and demanding for Bronwyn as there are continual deadlines to be met. Bronwyn describes her responsibilities as vast, involving large amounts of money for which she is accountable in terms of budgets and financial deadlines. Although Bronwyn

appears to be successful in her career receiving frequent promotions, she often feels unappreciated, underpaid and overly responsible for many other people and processes in the organization. Bronwyn says that she is regularly exposed to difficult and abusive people throughout various levels of the organization.

Bronwyn recognizes that this is not an ideal situation for what she describes as her highly-strung and sensitive nature. She also says that this environment is very pressurized, leaving her feeling frenetic and guilty about not achieving her goals quickly or effectively enough. Bronwyn describes that some days she struggles to eat while other days she overeats to manage her emotions, especially feelings of anxiety or sadness. Bronwyn describes having to plan her days incessantly to feel in control of her job and her environment. In her current working environment she is often subjected to conflict situations, and although she dislikes confrontation, she has learnt skills to manage difficult confrontations and relationships.

Bronwyn also says that she struggles with internalizing other people's opinions, and that she 'takes things too personally' when people volunteer their opinions. She describes her nature as a pleasing type of personality, but that she has had to learn strong boundaries and reinforce these at work to gain respect from others and to 'get her job done'. Bronwyn says that despite becoming much better at 'boundary setting' she still feels anxiety at having to set firm boundaries.

Social concerns

Lack of friends or difficult friendships has always been an area of concern for Bronwyn. Bronwyn says she struggles to allow people close to her, although she desires friendship and tries to be open and friendly. Bronwyn says she has always struggled to befriend people at a deeper level due to a lack of trust in others. She says that she often withholds emotions while sharing superficial personal details in the hopes that others will keep their distance. Bronwyn claims that she is afraid of showing her own vulnerability and therefore presents herself as being more vivacious or 'upbeat' than she truly feels which prevents other people from knowing her true feelings. When Bronwyn feels cared for by a friend, it often leaves her feeling exposed and vulnerable. Bronwyn expresses her loneliness and

would like a good friend to talk to, but often feels exhausted by friends as they become 'emotionally draining.' Friendships appear to be a problem for Bronwyn as she was frequently cautioned by her parents in childhood that other people may be dangerous or 'bad' for her.

Family concerns

Although Bronwyn speaks highly of her husband, she also says that her marriage can at times be frustrating and lonely. Bronwyn says that although her husband is very good to her, but that he does not always understand her emotional needs. She experiences this as a lack of communication, feeling her needs are not met or heard and that her husband finds it difficult to communicate at a deeper emotional level. Bronwyn also admits to feeling guilty for discussing this. At times she feels that her husband is too impatient with their children and that he struggles to motivate himself concerning his work. Bronwyn finds this particularly tiring as she feels she has to continually uplift him emotionally and provide him with the drive to move forward. Bronwyn says she often feels that she has to 'mother' everyone in the family.

Despite wanting emotional connection with her husband, Bronwyn finds it difficult to share emotions with most people. Although she recognizes this, she says she feels immobilized and afraid to change things. She admits that she has very limited support structures in terms of friends and family, and does not open up to anyone about how she feels. Instead she mostly focuses on other people's needs, giving them what she feels they need. She confirms that she prefers to be needed than to be 'needy'. She claims that the fear of abandonment by significant others is prevalent and that this inhibits her emotional expression. Day-to-day emotions are easily displayed by Bronwyn, however, she says that these are often 'pseudo-emotions' and not true emotions. She deeply desires meaning in life, although claims that things are often just "too much, overwhelming and pointless" for her to manage.

With this understanding of Bronwyn's history and context, an exploration of the themes that emerged from the therapeutic conversations will be discussed.

Thematic exploration: a reflection of social discourse

The primary purpose of the thematic exploration is to gain an understanding of the dominant social discourses possibly influencing Bronwyn and her psychotherapy process. The following themes were therefore co-constructed based on Bronwyn's journals and therapeutic conversations. The journal writing formed part of the therapy process and was introduced by the therapist to facilitate the client's expression of a personal narrative.

An accurate chronology is not represented in the extracts as the thematic nature is of importance and not a linear representation of events. The categorization of the themes is for clarity and does not represent a singular or exclusive reality in terms of Bronwyn's psychotherapy or the social discourse surrounding this.

The themes are discussed in the writer's language, while Bronwyn's verbatim narratives are represented in italics.

Emotional expression and risk aversion

A primary point of significance and departure would be Bronwyn's approach to psychotherapy. One of the most striking features was the way in which Bronwyn approached sharing information in the sessions. Throughout the psychotherapy process talking about deeper emotions appeared to be a very difficult task for Bronwyn. This was so despite her saying that she wanted a deeper emotional connection and understanding of herself and of other people. Bronwyn seemed to struggle with finding the freedom to express her emotions in a way that felt adequately safe for her. Her struggle to express herself was reflected in most of her early writings. Bronwyn's initial writing often appeared stilted and partially repressed as though writing was a difficult and painful chore for her. There also appeared to be a lot of editing taking place throughout her writing, especially where emotional expression should or could be taking place. Instead intellectual descriptions were more prevalent. The editing of emotions manifested in her writing through a 'clipped' and matter of fact style.

The writing is very difficult, I realized in the week how much editing I do and only write what I think is appropriate and 'nice'. I cannot really think of anyone who has stopped my creativity except Malcolm's [father] disinterest. I am struggling to even say his name or think about him. I often stare at the page and don't know what to write. I know I feel all this stuff, but how to put it into words? Even if I write it or say it, what difference will it make? Nobody wants to listen to it anyway.

Psychotherapy did not initially provide Bronwyn with a 'safe space' for expressing her emotions. The struggle to find a safe emotional space was often expressed in Bronwyn's sessions through inhibited emotions. In time this was framed as her struggle to find a 'voice' for her personal narrative. Bronwyn struggled to express her feelings in words that made sense to her as well as to her listener. Richardson (2002) refers to the process of being heard by another, as being witnessed by the other person. Writing can also serve the process of being witnessed. Such a sense of witnessing occurs within the relationships between the individual and the other, and may assist the person with finding safe emotional expression through the feedback of being witnessed. Bronwyn found it particularly difficult to trust the psychotherapy space as such a space.

For Bronwyn, being heard and feeling safe or being witnessed is linked to perceiving her listener as being free of judgment. The concept of a judgment-free listener often appears to be the only way to open up safe spaces in psychotherapy. The condition of emotional safety being paramount in psychotherapy links with Ackerman and Hilsenroth's (2003) research findings. These findings were previously discussed where the therapeutic alliance or relationship is recognized as the primary and most important factor in determining effective psychotherapy. However, what the social factors or discourses are that sustain or threaten this relationship are not adequately explored in the literature.

Bronwyn's struggle with not feeling witnessed, possibly links to her experience that life provides very little opportunity or respect for emotions, and that people have no time for others feelings. Bronwyn also stated that she found it difficult to give herself permission to express her feelings in the conversations in psychotherapy. The process of editing her thoughts also links with the difficulty

she has in giving herself permission to express or 'witness' her own feelings. This possibly connects to the family discourse where emotion were repressed and not allowed.

My thoughts are like a bee buzzing around. I think it will kill me to focus on one thing for a while. If I focus for too long I have to think about what I am feeling. Eventually I am then going to have to share it with someone. I can't do that, I feel stupid and insecure. I wish I could make it not matter.

I can't always feel sorry for myself, I need to get a grip, everyone has issues! I don't want to be a victim like mom. Besides even if I show people how I really feel they will either think I am stupid or say the wrong thing in response to this. It's just easier to keep quiet, talking is just such an effort. Talking makes me too vulnerable.

This extract came a few months into the psychotherapy process. It is richer in the sense that she is able to express more of her fear and anxiety about her emotions, even if she cannot explore the feelings underlying the anxiety yet. The apparent anxiety reflects pent-up energy and motivation, yet it is almost impossible for her to fulfil this need due to the risk involved, i.e. feeling 'stupid and insecure' possibly in relation to being judged.

It appears that Bronwyn has learnt to construct herself around her family and society's beliefs that emotional expression and emotional content is not desirable. If Bronwyn expresses her feelings too frequently, she fears the characteristic judgment or rejection from her family. This used to involve feedback that she ought to pull herself together, and that she was a 'cry baby'. This belief was further reinforced by the family pattern where emotions were 'sanctioned' through unpleasant feedback. If a family member did not present with a stoic face they were considered to be weak or a nuisance.

I don't even know what I feel. I 'cap' most emotion, and remain cut off and see it as practical thing, so that I can move on quickly.

Bronwyn expresses feeling damaged by these family deficit definitions around weakness. She admits she resists crying because it makes her feel weak. Ironically, whenever she does cry, she says she feels much better afterwards, but still resists the crying for as long as possible. Bronwyn says that this is as a direct result of her parent's attitudes. Her mother insisted that they do not cry, while her father silently disapproved of it. Bronwyn claims that tears and grief were of the most suppressed feelings in the home during childhood. Bronwyn also says that she still struggles with feelings of guilt when she cries, leading to further self-judgment because she feels she is a burden to other people. This guilt has remained with Bronwyn even though she has extensively tried to get beyond this. Bronwyn says that she constantly struggle with this, trying to cope by avoiding emotional pain as far as possible. She adds that she is aware of her personal dialogue about her feelings, but that she tries to disconnect from the 'deeper' or relevant 'stuff'. It is curious to observe that she wants connection from others but attempts to block the connection by avoiding her own pain.

Emotional risk and vulnerability

The continual state of lacking safe emotional expression appears to deepen the risks attached to emotional engagement for most people. This issue is particularly pertinent for Bronwyn who especially seems prone to suppressing and avoiding her emotions. The consistent risk and avoidance of engaging at a deeper emotional level subsequently leads to withdrawal from emotional processes and friendships, rigidifying deficit definitions of relationships.

I worry that I have so few close friends, but it feels like everybody just wants, wants, wants! It's just too much effort, even when I feel like going out I end up regretting it later.

Bronwyn's fear of vulnerability makes sense considering the particular family dynamic of emotional avoidance, i.e. most labile emotional responses were labelled as dysfunctional within the family unit. Anyone engaging in this behaviour would have been rejected in many different or 'silent' ways. Silence or being ignored was a very powerful way of rejecting or reprimanding someone, while simultaneously blocking the person's ability to protest against this punitive action.

Being openly reprimanded for causing a 'scene' or being 'hysterical' was a further tool for rejection in the family. This rejection also fed into the cycle of not being witnessed by the family members or other significant people, which seems to have perpetuated a sense of secrecy relating to difficult emotional content. Again, the risk factors associated with vulnerability were too high. If Bronwyn expressed herself in a way that was uncomfortable and different to the dominant discourse, the family would employ different ways of silencing her individual narrative, which over time became a subjugated narrative, even to herself.

It is only under severe pressure that Bronwyn begins to engage in greater emotional dialogue with herself. This dialogue or lack thereof reflects itself throughout the process of her writing. Here she expresses some of the struggle with her emotional dialogue as she allows some personal expression or voice to emerge.

I'm so tired of doing everything alone (crying), if mom was here things would be easier. I miss her and no one else understands me like she did.

A further example of fear of emotional risk is again expressed in Bronwyn's writing style. Bronwyn often used a reporting style in her writing, which is effective in distancing her from her audience but also from her own emotion. As her writing systematically brought up painful issues, Bronwyn would alternate between trying to 'air' these issues, but soon after distancing herself from her feelings. This is primarily through her 'objective voice' and observatory reporting style. She explained that this protected her from her own scrutiny. Her writing is often clipped short when writing about emotions. At times she also clearly struggles with anger or pain but still works hard to contain it or remove herself from it. There is the sense in her writing that distance or 'objectivity' could give her control over these feelings. In some conversations she rationalizes her feelings while at other times finds expression for them.

I don't know why I feel so irritable all the time. Some days I simply want to run away, my anger reaches boiling point and there is nothing that I can do to control it. I hate myself for getting so angry! I have to get a grip of it.

Towards the end of the therapy Bronwyn still often felt that she did not have the freedom or space to express her own emotions, having to put them aside in favour of her family's needs. This process did partially change in the sense that she began to express more of her own depth, allowing anger or other feelings to emerge in a more constructive and flexible way. Through slowly beginning to express her individual narrative she could also gradually begin to question the dominant family narrative.

It takes me a while sometimes to realize exactly how upset I am or why I am upset, but now I get a nagging sense that something is happening to me. When I do look at my feelings I can say its okay to feel that [feeling]. Even if I don't want to feel it, it is still okay.

This was the type of writing that Bronwyn was sharing toward the end of the therapy. This expresses more depth than the writing in the initial stages. Bronwyn had slowly begun to script a new narrative or discourse around giving herself permission to feel emotions.

The social discourse related to emotional risk and vulnerability

The idea of needing to be 'strong' is not an uncommon discourse in society. This discourse propagates the lack of distressing or upsetting emotional expression. Such emotion is labeled as deficit emotions, often being called 'negative' which is connoted to a person as lacking in 'strength'. This idea of strength as a dominant or superior state above other states is further espoused as a desirable quality in society (Gergen, 2003). Strength is also often interpreted as the absence of any other emotion. Expressions of emotion or vulnerable states are then frequently judged as 'inadequate'.

Bronwyn frequently expressed this with the commonly used phrases of, "people need to just get on with things" or "pull themselves together". These phrases indicate beliefs which Bronwyn holds onto linking with society's dominant ideas of maintaining rational and emotion-free interactions. These types of interactions appear to be more respected by society and are an extension of a practical, achievement orientated Industrial Age society. After extensive exposure to these

values, many people assimilate them into daily life and experiences. While there are huge advantages in rational thinking, and society cannot function without it, a world and people devoid of emotion is truly a poorer place. Such a place would rob humanity of the rich descriptive experiences of life and deny people a fundamental aspect of its functioning.

These constructions of emotion all link with the concept of deficit language discussed in the previous chapter (Gergen, 2003). The expression that someone is 'breaking down' if he/she cries or if pain is expressed implies 'lack' in terms of the person expressing the emotion, as well as a deficit view of the emotion itself. Many people would say that they have experienced the frequent use of deficit labels or definitions in society. The dominant belief of the social system and culture prevails, with definitions of perceived strength remaining unchallenged (Kenny, 1999). The reasons for these rigid definitions appear to be a complex. However, in terms of an individual's functioning and society's adaptability, these definitions can be deeply damaging.

From the use of deficit labels monologues spring forth (Kenny, 1999). The monological spaces are encapsulated in the social and family discourse surrounding Bronwyn. The social and family descriptions that encourage rationality instead of emotion and connection rigidify such definitions, creating further monologue and rigidity. This monologue intensifies the fear of vulnerability which is not unusual in a system where little space for new constructions, discourse or dialogue is possible. This also discourages interpersonal connection which makes friendship and companionship even more risky or dangerous for Bronwyn.

Bronwyn struggled to get beyond the deficit beliefs about emotional engagement being dangerous, undesirable or weak. Due to this Bronwyn's experience of relationships is that of being risky and unsafe. This lack of safety regularly emerges in her writing, to the point where Bronwyn struggles to access her personal narrative and independent voice. She reflects on this as her difficulty to relate to herself, which she acknowledged in her psychotherapy conversations. The deficit labels rigidifies her view of herself, strengthening her struggle with a monological discourse of 'self'.

Acceptance and perfectionism

Acceptance and perfectionism appears to be an important theme for Bronwyn. The drive for perfection seems to have overshadowed much of Bronwyn's reality. Bronwyn slowly began to challenge this through her writing. In her writing she also explored that emotions do not make a person less acceptable or less perfect. Through this she began to explore what it would be like to just 'be', and why this was difficult for her. Bronwyn also considered her concerns about social judgement and the pressure she experiences regarding responding 'correctly' to other people's emotions or expectations. Bronwyn says that when she feels judged by others, this leads to compensatory behaviour such as self-monitoring or 'checking' behaviours to comply with others' social norms.

It is only now that I realize how much time I have spent checking and measuring myself and how seldom I have felt perfect, before now perfection was my goal. Instead I want to move forward with realistic thoughts. Not to check, weigh or measure myself everyday, but to look around and experience new beginnings, thoughts and emotions, events and beauty.

To know that I am okay, that I am enough. I am still struggling with this. We spoke about my drive to perform and it was then that I realized how hard I am on myself. I measure myself in every way possible. I feel drained and tired all the time. I feel like I am not achieving much and frankly I feel like a bit of a failure. Sometimes I wish just one person would notice what I do. I know I don't need to long for things I don't have, or want for more, since I do have more than most people, but if I have the right things it makes life and people a lot easier. I don't have to worry as much.

Bronwyn often reported feeling invisible in the family and amongst groups of people. She feels that her 'invisibility' is linked to the dominant narrative of needing to belong. If a person differs from others' dominant narratives, the disapproval from the larger system can be felt as silencing and deafening. Bronwyn feels that her need for acceptance is disproportionately large, and that this is possibly linked to her constant fear of saying or doing the wrong things.

Bronwyn has thus developed a tendency toward perfectionism for fear of being rejected by others. The hope of one day being 'good enough' is however a fallacy which she in some way recognizes.

The social discourse of acceptance and 'witnessing'

Doing the right or acceptable thing seems linked to being liked or favoured which is tantamount to belonging in society. The fear of not fitting in with the dominant social construction is frightening for most people (Kim, 2001). The idea of difference evokes the socially created definition of rejection or alienation for what is considered to be inappropriate personal expression of some sort. This feeling is deeply distressing and alienating for most people, even if they wish to attempt authoring a different or personal narrative. The intricacies of this perceived social and relational expectation of belonging are complex, and many people struggle with this as identity is co-constructed through communal dialogue (Kim, 2001). The unspoken social norms of how people 'should' express themselves begin to emerge through social feedback, and the interface of these norms with the pressures of a consumerist society further shape people's perceptions of themselves and the world (Bakhtin, 1986).

The fear of pressure and judgement contributes largely to most people not wanting to explore the option of psychotherapy in greater detail. Many clients and individuals reveal fears that psychotherapy might have a detrimental effect on their other relationships. People fear judgment for attending psychotherapy as this is linked to being seen as 'crazy' or weak by others. This confirms the perception that people view psychotherapy with suspicion. Although most people express a need for therapeutic or healing interventions, many seem to feel more comfortable with alternative therapies rather than psychotherapy.

The need to be accepted and to conform is not new or unusual (Botella, 1999). In Bronwyn's case this need appears to be particularly strong. Bronwyn reports that these feelings can often be fulfilled by others' feedback that she fits into their worldview of what she should be. She perceives others' judgment of her, especially if felt to be criticism, as damaging to her view of herself as a good and acceptable person.

This experience and the need to be accepted by significant others often lends meaning to life, as a person is temporarily suspended and seeing the world through the other's eyes. Over an extended period of time, any human being requires a network of feedback that witnesses daily living as either meaningful or not (Botella, 1999).

As these themes emerged in Bronwyn's writing and psychotherapy she initially became more critical of herself. Bronwyn perceived these themes to be a personal deficit and she struggled to re-script these in her sessions. The emotional risks of looking at her dominant narrative appeared to be very difficult for Bronwyn.

People often struggle with this in psychotherapy. If they move out of their 'blind spot' of how they construct their world, they often fear that the dominant narrative will reject them. Due to this fear, people further chastise themselves and their emotional language becomes laden with judgement and pre-determined meaning. This often leads to a circular definition. As people experience this feeling of judgment, they seek even greater approval from the dominant narrative by conforming to what they believe the expectations of this are. However, this continual cycle of seeking to conform unfortunately and consistently leaves the person vulnerable to deficit definitions. This heightens the risk of withdrawal from relationships and in turn confirms fears of inadequacy and isolation.

This theme of self-criticism appeared to link to Bronwyn's fear of questioning the dominant narrative of herself, family and society. This was the most difficult theme to reflect on or shift in therapy. Whenever this theme was raised Bronwyn would respond either with denial or with escalating her personally directed 'emotional violence' e.g. self-rejection or dramatically withdrawing from the therapy.

The need to be part of something means that people's experiences of criticism will mostly inhibit natural expression or personal exploration of ideas or feelings. People often experience their view or frame of reference as 'incorrect' when they feel judged by what they perceive to be a more powerful monologue or discourse (Yalom, 2005). This sense of being judged by the whole usually links to feelings of

shame for the individual, a very powerful communication method available to the group identity with which to convey messages toward a person.

Any significant event in life usually requires a process of witnessing by a significant other to assist in constructing the narrative around this experience (Kim, 2001). This witnessing process by a significant other provides a marker point for human beings to feel that the moment is acknowledged, noted and constructed as a milestone (Yalom, 2005). Such moments or milestones become the beacons of meaning that with time weave significant patterns into people's lives. Being witnessed by others provides a structure and connection to life which could provide a measure of meaning or something that is perceived to be greater than the individual.

Survival and structure

Bronwyn extensively spoke about her need to control her world in order to survive, as she did not feel she could trust anyone. This narrative demands that she be tough and resilient as well as resistant to change, which potentially also leaves her deeply vulnerable due to a lack of flexibility. Bronwyn's lack of trust is not surprising considering the pressure she felt to survive in her family. This fear of trust could be a further extension of the fear of emotional risk and vulnerability.

God forbid I would have to acknowledge feelings if I opened up. Mom's death and lack of coming to terms with it has played a huge role in bottling my emotions. I need to keep going and organize my life.

The sense of vulnerability is again sustained by and linked with the fear of being imperfect or judged. This dynamic is powerful for different reasons, one of the reasons mentioned before is the sense of alienation and abandonment that she fears most. Furthermore, this dynamic links to the predominant response pattern that her father used in the home. This pattern was a critical response pattern with overly developed boundaries and very rigid definitions of how things should be done. There was very little space for negotiation as to what was considered wrong within this family. This rigidity seems to have been internalized as a coping strategy.

In Bronwyn's own words, *lists and planning are the order of the day.*

I have a deep need for a sense of structure all the time. Without this structure, I have great difficulty in 'just relaxing'. This manifests itself in a need to be busy all the time, otherwise I am just 'wasting' time.

The need to be busy transforms itself into constant action based behaviour and striving for goal fulfilment. These goals always have to be to the betterment of some aspect of her being. Bronwyn freely states that this structure gives her a sense of control, which is safe and comforting for her and deeply contrasts with her sense of emotional vulnerability. Although this sense of achievement and self-betterment could in essence be a good quality, the pressure of this process can at times be far too great for Bronwyn to manage. The goal setting becomes a further recursive loop wherein she feels sabotaged when she cannot achieve her highest expectations of herself. Once again this time-pressure links to her need to keep a personal construction of herself that fits with a specific expectation and narrative.

The structures around planning also provide her with a sense of predictability. Predictability strongly appeals to her sense of family values, reliability and hard work. Bronwyn became aware of her process of checking herself and began trying to curb this to be more flexible in her daily life. In terms of lacking structure, there are moments in Bronwyn's writing that resemble 'hysteria' which create a feeling of being stifled. This style appears to be Bronwyn's 'default' option when she feels her life is out of control. A desire to plan things in order to gain control is implemented, but the over-planning seems to create greater chaos.

My over-planning made things seem bigger than they were.

An extract from her daily diary expresses the intense feelings around controlling the day,

By the end of today I must be ready for the week lying ahead. If I could finish my first task by 12:00 tomorrow, and get to step 15 through to step 19 on Tuesday, finish Wednesday at 12:00, start the next step on Thursday...etc.

This time aspect reflects the pressure that most people report feeling in the fast paced consumer society. It is this lifestyle which feeds into many people's sense of permanent exhaustion and helplessness. There is a contrast between this planning and an alternating exhaustion,

I could easily sleep all day. I suppose sleep is my way of avoiding reality.

The prolonged tiredness Bronwyn expresses also seems linked to her constant 'mental activity' and over-active discourse. This mental activity appears to be partially linked to the need to manage the constant time pressure that she experiences. This mental activity or 'busy' discourse also creates the impression that she cannot afford to be quiet for too long as this may create mental space for her to challenge her dominant narrative.

Toward the end of Bronwyn's psychotherapy she relaxed more about time and control as she slowly began to take initiatives to start gym and regular meditation. These practical attempts brought some reflection on her personal narrative of health, but Bronwyn still struggled to extend this to her wider system.

Through the extensive writing and reflection Bronwyn's felt that she became more aware of her personal narrative of feeling trapped by her emotional inhibition. She also described this state as being in 'survival mode' especially when she was at work. The constant emotional pressure she experienced in her closest environments created a sense of an ever present threat. Through this growing awareness of her personal narrative, Bronwyn slowly became aware of how shallow her breathing was and how her thoughts would race in anticipation of perceived trouble, or being judged. As Bronwyn learnt to identify this she also attempted to calm her mind down and to isolate the source of her distress which was often her own internal dialogue. Bronwyn felt that her level of awareness had significantly improved towards the end of the psychotherapy, but she felt that she still struggled in relation to other people.

Spirituality as a resource

Bronwyn's spirituality often emerged in her writings as a deep and powerful resource. At times it also seemed to act as a buffer, by protecting her from emotions that she found unpleasant. Bronwyn's spirituality appears to be a strong tool that assists with defining her 'self' and draws her attention away from the rawness of her emotion by allowing her to construct meaningful punctuations. Prayer is an example of how she draws her attention away from painful emotions. She says that this often assisted her in coping with difficult emotional situations.

Throughout the writing Bronwyn's spiritual orientation is explored. She seems more comfortable to question and challenge this particular narrative. This expresses itself in challenging her very strict Christian upbringing which was initiated by her father. In a rebellious stance against this she searches for answers outside of Christianity. Bronwyn explored esoteric perspectives as an alternative to the Christian perspective. Bronwyn also described her spiritual searching as a metaphorical symbol of her search for her own voice. Here she could give herself permission and independence to question outside of the family narrative, something which she could not do as a teenager or young adult.

This esoteric search also led Bronwyn to study meditation which she says helped her to find some of the inner space she needed to reflect on her life and find emotional safety. In time Bronwyn also described prayer as her way of reaching out to her mother. Bronwyn often views her mother as a guardian angel who would rescue her from problems.

Towards the end of the therapy, Bronwyn expressed that she did not feel the need to use prayer or meditation to filter out pain anymore, but rather as channels for expressing her growing sense of spirituality. Bronwyn could acknowledge this as a resource in her narrative where a healthy focus on relaxation and calm could replace panic and loneliness. Bronwyn began to re-script a narrative from a fixed and specific social norm of conservatism, religion and conformity to personal authorship and spirituality.

After the majority of psychotherapy sessions drew to an end, there were a couple of follow-up conversations, after Bronwyn took a short break from therapy. This break came at a time when Bronwyn expressed a need to withdraw from the therapy as she wanted to try things 'on her own'. At this point Bronwyn had been in weekly sessions for eight months.

Final conversations

Two follow-up conversations took place after the break in the initial therapy process.

The follow-up conversations with Bronwyn focused on her growing awareness and acknowledgement of how trapped she still felt at certain times. Bronwyn also spoke about how desperately she tries to change her life but struggles with change not happening fast enough. Bronwyn acknowledged that she wanted to shift things so that her health could improve. She also spoke of further exploring anger and sadness related to her childhood. Bronwyn could begin to acknowledge how difficult it was to not be allowed to cry as a child and that she always had to be happy and strong for her mother's sake.

Although she says she still finds it difficult to cry, it is getting easier with time. Bronwyn also adds that she still struggles to respect other women who cry, even though she knows that this is illogical. She says that she has learned the value of tears and expression and that these cannot be suppressed, yet still struggles with it herself. Bronwyn also says that she has realized how much she struggles to do things for herself but that she gladly does things for everybody else. She connects this to her realization of the dominant family narrative expecting her to be a 'good girl'.

Bronwyn also acknowledged in this follow-up conversation that she never imagined the process of psychotherapy would be so difficult or 'affect her so badly'. By this she means that she would feel so deeply challenged or emotionally upset by some of her realizations. Bronwyn also says that she thought the writing would be a

good thing and shift her focus a little, however she also says that she never imagined that it would shake her entire world up as it did.

I felt at times that I was losing my mind. At times this process made me go into a space I didn't like, a dark and negative space, even though I had to do this.

We discussed this extensively and how psychotherapy can often do exactly this. Psychotherapy challenges the spaces and narratives that people are afraid to question or look at (Yalom, 2005). It forces people to engage in a different and sometimes threatening dialogue. Through this Bronwyn had to challenge her deepest constructions about herself.

I had to completely redefine myself.

Bronwyn had to find a voice for her own dialogue and say the unsaid in her family and personal narrative.

Bronwyn also seemed able to comment on her dialogue by identifying what she called 'core negative beliefs'. She categorized these as:

I may not cry, and I may not be sad or I will hurt others. I must always be loyal and serve others to be of use or to be wanted.

Part of her bigger belief system appears to be strongly driven by the idea of service to others and being the best she can be no matter what the consequences are to her. These 'core' beliefs equate to a monological structure in Bronwyn's personal dialogue. This kept her in a narrative where she had to subscribe to behaviour patterns which were either destructive or no longer useful to her.

Towards the end of the sessions Bronwyn admits feeling drained by many people in her life and that she could no longer give as much of herself to others, especially not her family. She also admitted needing more time for herself. This was a huge breakthrough for her in terms of taking personal responsibility and no longer ignoring herself in service to others. Bronwyn also chose to change her approach to weight and health by committing to a clear weight loss programme

and reading extensively on the topic. Bronwyn also further made a connection between her role of service in certain relationships and her cough, equating this role to feeling smothered. Bronwyn explained that she had been afraid of going to gym in the past as she has always wanted a quick fix for her health, not being prepared to face the ongoing struggle with her body. She added though, that the struggle with her emotions in psychotherapy, prepared her for the struggle with her health by forcing her to take personal responsibility on all levels.

Reflecting on the process of psychotherapy

In the final sessions, the overall process of therapy was also discussed. Bronwyn reacted strongly to this claiming that she felt extremely vulnerable when she re-read her notes as well as the co-constructed themes. Bronwyn described feeling a sense of dread at the fear of facing the notes and what they would confront her with, even though she knew what they contained. Bronwyn specifically feared that this experience would somehow reflect badly on her. This was a concern as a lot of work had been done about feeling judged and confronting the threat of right versus wrong. Bronwyn, however, still felt a deep sense of risk about being personally exposed or humiliated. This was a difficult experience as it challenged the shared narrative of psychotherapy as a 'safe' process. Bronwyn also said that she initially felt tearful when reading the first few journal entries which reminded her of what she had felt at different times.

Eventually though I got into it and found it quite interesting and insightful. Looking back now I remember how I wanted to fight my feelings.

Bronwyn often expressed that the process had been a journey of learning and growth. She also stated that she could not believe she was the same person as the person in the journal, and that her perception of the world had changed dramatically. This could be referred to as her 'epistemology' which had changed and of which she became more aware in the process.

In the final sessions the greatest concern was the criticism that Bronwyn still directed towards herself. This theme seemed entrenched enough to reflect on, as

it indicated an underlying dynamic that kept this pattern in place. In her self-criticism, Bronwyn expressed anger towards herself for what she described as her 'repressed and rigid' style of writing. She further criticized herself in respect of her inability to stay focused on the topic, and felt that she was flighty and unable to concentrate. She reflected that she observed a repetition of her parents' patterns, replicating emotional inhibition by not expressing herself fully or fairly.

The concept of religion and spirituality also came up, as she reflected that her overly focused attention on external spiritualism came across as 'self-righteous'. Towards the end of the writings Bronwyn was much more observant about her own escapisms through the use of spirituality. Her position about spirituality changed, and she said she saw spirituality as a pathway to meaning, and that it could help her to make more conscious choices, but not relying on religion as a crutch. Bronwyn also commented strongly on the theme of avoidance, and stated that she seemed to perpetuate the same subtle stubbornness as her parents in her writing where they would not shift from their position. She says this pattern was often reflected in her own stubbornness where she would not do things for herself like see a doctor or address her health issues.

Bronwyn stated that she had gained a greater awareness of how she avoids painful realities by filling her space with 'busy'-ness. She channelled her 'busy' energy into her own work and into other people's needs. She further reflected that this dynamic of being overly busy had begun to irritate her in herself, as well as in others, when she observed it or read it in her writing. It was striking to note that despite her insight into the process she still used critical/deficit language to describe and judge herself.

Reading those notes I couldn't believe myself, I'm a nutcase, a fruitcake the way I carried on before!

She also commented that there was never space for tranquillity in her life and that reading her own writing was exhausting because of her 'frenetic' energy.

Ironically, many of the qualities that Bronwyn did not like about herself or her process actually sprung forth from her self-critical and judgmental pattern and

stance about herself. Most of Bronwyn's frenetic energy was as a result of not engaging specific emotions that she criticized herself for. Even though Bronwyn could identify this pattern from a distance, she could not prevent herself from perpetuating it. In essence this pattern had a self-sustaining, almost 'rubbery' nature to it, i.e. she always seemed to bounce back into her usual dialogue. Even at the close of the sessions this enduring theme managed to remain somewhat embedded, illustrating the power of a dominant narrative to define relationships personal definitions and contexts.

Withdrawal from sessions: a possible response to the dominant discourse

After the final discussions, there were no further opportunities for in depth conversations as Bronwyn chose to terminate the therapy. The psychotherapy process seemed to be closed to Bronwyn at this stage as she felt that we had covered enough territory, and that she had achieved more than she had hoped for. For some time Bronwyn had conveyed subtle signals that she wanted to withdraw from the psychotherapy process; this showed itself through mild irritation along with a growing emotional unavailability during final sessions. Bronwyn did not want to comment on aspects relating to her withdrawal and blocked any exploration of this. It appeared that Bronwyn wanted to move away from the discussions towards a clear closure.

This closure in attitude seemed slightly premature, as further exploration of the emergent discourses seemed necessary. However, I chose to respect this withdrawal as Bronwyn's decision at this point in time. Bronwyn felt that it was time for her to put a 'bookmark' in the process, perhaps to be explored again at some other point in time. This withdrawal could be interpreted in different ways. Possible ideas around this could be that Bronwyn had experienced enough, and needed to process what had taken place, or that it possibly reflected Bronwyn's difficulty with staying in the 'flow' of a process. Many clients seem to have a pattern where they rush for quick closure of the psychotherapy process when certain themes are still being explored, but require re-definition for change to take place. This could be to avoid further discomfort or other related emotions.

It would seem that Bronwyn did this towards the end of the psychotherapy process by blocking any further attempts to explore her developing dialogue at a deeper level. It seemed that Bronwyn had felt exposed at certain points in the process, and that this had exacerbated her desire to end the process. Bronwyn's self-criticism may have played a role here, serving as an effective but painful boundary between Bronwyn and the outside world. The pain of this process may lead to feelings of shame and premature disengagement from discussions and dialogue, and could additionally be part of the struggle with trust and vulnerability. The common experience of having inadequate emotional language and support structures could further influence the sense of vulnerability that Bronwyn felt.

In conclusion to discussing the case study conversations and journals, a summary of the dominant themes and narratives which emerged from these therapeutic encounters is presented.

Synopsis of the dominant narratives

Throughout Bronwyn's psychotherapy her narratives, emotional themes and dialogue appeared to reflect social and communal discourses. These social and communal discourses are shared by many others in psychotherapy, society at large, and much of the Western world. In an attempt to crystallize these narratives into clearer discourses, the patterns and themes have been further condensed into categories which attempt to represent the underlying social discourses reflected in the therapeutic dialogue.

The power of consumerism

It would appear that people often feel conflict between the consumer culture of instant gratification and the need for a more meaningful culture. The consumer discourse is very powerful and sways much opinion in terms of being the 'correct' way of thinking, versus a more humane/spiritual perspective advocating greater meaning and development of the individual.

The power of rational intellectualism

Rational and intellectual thought appears to be valued above all other types of experience in society, often even to the exclusion and at the expense of other forms of knowledge. Thought is used as an avenue of invalidating or suppressing other forms of experience such as feelings or sensations.

Lack of appropriate emotive language

People often seem to struggle with articulating or finding appropriate language to express their emotions, experiences, or bodily sensations. The dominant social narrative appears to devalue these experiences and reward other more material experiences or values that are aligned with consumerism or intellectualism.

Compliance to emotional aversion

One of the dominant social discourses appears to judge or criticize emotional language and experiences, thereby inciting fear of social judgement in people who express emotion. Compliance with this dominant discourse appears to be a way in which people attempt to avoid social sanctions or criticism. Compliance is manifested in ways where the deficit monologue around emotional expression is perpetuated, accompanied by an avoidance of overt displays or discussion of emotions.

Deficit judgments

Emotion is often labelled as 'negative' or bad, especially difficult or painful emotion such as sadness, grief, anxiety or anger. Expression of these emotions is also often labelled as 'breaking' down or being weak.

Avoidance defined as strength

People often report feelings of deep self-judgment or self-criticism for being 'weak' or being seen as weak due to this dominant discourse. Stoicism is perceived as

'strong', which is also linked to the discourse of emotional avoidance. Avoidance or not expressing emotion is defined as inner strength.

Fear of risk in psychotherapy

People also often fear that psychotherapists will judge them in the same way that society does. This fear contributes to the difficulty people have with feeling safe in a psychotherapeutic process or with emotional expression, influencing how effective the psychotherapy can be.

These themes emerged in Bronwyn's narratives but were common to most of the psychotherapy cases. The literature discussing psychotherapists' experiences of psychotherapy reflects similar themes and experiences (Ball, 2005; Hedges et al., 1997; Robbins, 1999). Overwhelmingly strong social definitions and discourses appear to exist concerning psychotherapy.

The social outcomes of the underlying social discourse

The identified themes and dialogues appear to be entrenched in certain systems. These systems include different external structures of living, but more importantly they include beliefs, narratives and stories which people share. These beliefs and narratives keep people connected and clear as to what is or isn't desirable within a specific social structure and discourse (Butler, 1990; Montgomery, 1995). In this way, society seems to survive and maintain its status quo by its different systems of managing social processes.

Exactly why and how this originated is a complex study of many factors from history, society and anthropology which are beyond the scope of this study. However what is relevant is the social outcome of these patterns and systems. Understanding these social outcomes provides a potential avenue to work with these outcomes more constructively.

One of the most powerful social outcomes is linked to the effect of fear and social shame around emotional expression. This theme clearly played a profoundly

significant role in Bronwyn's narrative, shaping much of her reality. It is important to understand the impact of this in society.

Emotional shame and 'saving face'

Shame is such an integral part of the human experience and links most people to a myriad of significant relationships. The sense of helplessness and group rejection which emanates from shame is deeply familiar to most people. People often appear to risk their personal authenticity to avoid feeling shame, even potentially sacrificing their own truth (Shweder, 2003; Solomon & Serres, 1999).

The experience of shame is often associated with being publicly exposed and humiliated in front of peers or authority figures, and is further linked to feelings of inadequacy (Bradshaw, 1988). Awareness of oneself in relation to others and how acceptable the self is to others has always been a powerful form of communal feedback and control for people. Control through unpleasant feedback is particularly effective when linked to the experience of shame or being shamed by one's significant group. This is primarily because shame is one of the dominant discourses used by society to maintain its rules. Although certain norms and rules are necessary, shame is a discourse often used to control other dialogues and get people to conform. Shame is a form of monologue which shuts out other narratives, choices or potential dialogues (Shweder, 2003).

The loss of face, or being shamed if a person is judged unfavourably by others could be seen as equivalent to being 'deconstructed' socially i.e. a person's identity is questioned and taken apart. In other words, identity is linked to people's constructions of themselves as congruent with society's generally accepted constructions or dominant dialogue (Jaworski & Coupland, 1999). If a person's constructions are judged as inappropriate or incongruent with the mainstream constructions, then he or she will often receive feedback about personal actions being inappropriate for that context. Such feedback may cause great distress, as congruency with the dominant narrative is linked to a sense of survival in the larger group. Incongruency could evoke feelings of rejection, isolation and invalidity if the person can not 're-author' a different narrative.

Maintaining the dominant dialogue is important for a sense of survival, although many people compromise their integrity in the process (Jaworski & Coupland, 1999). People also tend to maintain congruency with the dominant discourse by perpetuating criticism and shaming others, especially where they observe a person differing from the socially accepted monologue. This exact process of shame and humiliation is carried out at a social level when people are judged for their experiences, thoughts or emotional expressions. A social requirement would therefore be to maintain a particular level of emotional composure which is consistent with and expected from the social monologue. This is perhaps best captured by the expression 'naming, blaming or shaming' used by many therapists to describe relational systems. It seems that this process often repeats itself in psychotherapy, where clients feel exposed when looking at their personal processes and fear being shamed in the process of psychotherapy (Bradshaw, 1988).

The fear of trusting the situation and exposing emotions of vulnerability could therefore be linked to a fear of being ridiculed in a social context (Shweder, 2003). If one considers the constructionist nature of society and people's identity, then this fear appears to be a logical response. It would be a response of survival and acceptance by the individual in the ecology, as survival is ensured by maintaining or 'saving face'.

Discourses have many multiple levels and layers of meaning in society. It is important that the psychotherapist understands this in order to fully explore the impact of the dominant narratives on the psychotherapy process.

The Therapist's role in saving face

The role of the therapist in creating a safe space for the client to express emotions becomes vitally important, as this allows the client to 'save face' and not immediately feel challenged by a different narrative. The therapist should also be skilled at creating a space safe enough for an alternative dialogue to develop (Duncan & Moynihan, 1994). This can often be assisted by pointing out patterns, issues or concerns in a respectful manner. The client should also be given enough room to comment on or change the co-constructed meanings emerging around

behaviours and patterns. Therapist rigidity could influence this process. This requires that the therapist be aware of the general dialogue or monologue unfolding within the psychotherapy process. These monologues that potentially repeat in psychotherapy are sustained at a much deeper level than the individual's personal systems as they are rooted in social systems (Kenny, 1999). A thorough understanding of the implicit impact of this is required from the experienced psychotherapist to ensure effective psychotherapy.

Re-scripting experiences

From the work done on the power of epistemologies, narratives, social constructionism and the role of language, it would appear that constructing mutually safe realities is a key co-ordinate in understanding how and why therapeutic experiences become difficult or strained (Duncan et al., 1997).

To address and challenge the constructions and the dominant narrative of one's environment is a great tool and empowers a person with a perspective through which choices involving change can be made. However, people seldom question the constructions or process of how they 'construct' themselves. Mostly people are afraid to question whether these constructions are still relevant to their current situation (Jaworski & Coupland, 1999). People's levels of awareness do not always expand with the changing demands and expectations of the world. Such a lack of awareness becomes a potential snare for all people, as old structures and thinking become fixed; tantamount to redundant old technology. Addressing outdated and potentially inhibitive constructions and narratives allows flexibility as it is primarily within the emerging dialogue that one can question one's way of constructing the world. This may lead to perturbations in the dominant narrative allowing for change to ripple through the narrative.

People often protect themselves from looking at their dominant narratives by rigidifying their boundaries so as to prevent intrusion into their belief systems (de Vulpian, 2005; Morrisette, 2001). It is only through an awareness of belief systems and a willingness to take accountability that people are able to change. This change is a re-scripting of a person's incongruent narratives.

This process of perturbing the dominant narrative appears to be a primary element that should be considered in the therapeutic relationship. The themes and discourses from the case studies appear to link with the literature highlighting several key factors. Perhaps one of the most evident of these is the awareness that therapeutic technique or type of intervention does not significantly influence therapeutic change or outcome (Ackerman & Hilsenroth, 2003). The theme of emotional risk and fear of judgment by the therapist and significant others is not affected or modulated by the type of intervention used in the psychotherapy. Regardless of the different aspects that were introduced into the therapy sessions, the discourse around fear did not easily change. This only changed when the client experienced the personal ability to re-script the personal dialogue.

Relationship variables of safety, mutual respect, transparency and the ability to have an honest, human relationship all seem to account for greater success than technique or theory. These factors all appear to link fundamentally with larger systems of belief, language and perception within which the client and therapist are embedded (Senge et al., 2005; Shah, 2006). A different understanding of these findings would be to view these relationship variables as factors which assist the client with feeling safe enough to explore a new dialogue with the therapist.

In the experience that clients and therapists have of each other, a common thread appears to be the struggle to 'find a voice' or expression in the therapy process. This probably reflects people's struggle to find a sense of expression in the broader system of their lives. This process happens despite clients and therapists claiming that the process and context for therapy is safe and voluntary. Even psychologically aware clients and effective therapists seem to struggle with defining and expressing parameters and boundaries which are safe and emotionally 'holding'. As previously mentioned much of this difficulty lies in finding appropriately expressed language. The role of language in psychotherapy is deeply linked to social discourse and social belief systems, as well as whether these discourses are expressed in dialogical or monological form (Gergen, 2003; Kenny, 1999).

These systems make up the dominant discourse of society, which when put under scrutiny appears primarily to be counter-constructive to forming an open and trusting relationship in psychotherapy. The difficulty around the concept of language and expression appears linked to people's mutual co-creation of belief systems. They are clearly linked to social realities residing within and around all people. When examining language and the work done on this it becomes more evident than ever before that discourses primarily shape our social and personal fabric, creating systems that are inseparable from our actions.

The power of the dominant discourse

Humanity's history of dominance and violence has eroded much of the concept of dialogue which may have existed in cultures such as ancient Greece, propelling the world into a space of monologue (Shafer, 2000; Zohar, 1997). Not recognizing this flaw in society or challenging the lack of dialogue has led to many people and groups experiencing a sense of being 'voiceless' or 'silenced' in society (Popadiuk, 2004). Even more dangerous is the fact that so few people recognize this state. So effective is the common dominant monologue that it silences people while teaching them to forget that they feel silenced. This is exactly what Kenny (1999) referred to with his description of monologues leading to dead loops and cycles of communication, and lifeless interaction leading to stagnation. Dialogue on the other hand opens up networks of 'live' cycles of communication with growing relationships that are able to evolve in a healthy way.

Most dominant narratives become monologues because they exclude encouragement or discussion of dialogue in society. This often takes place on many different levels (Lloyd, 1993). It is only through understanding and acknowledging that any dominant narrative is only partially relevant, that society can gain a sense of growth and movement. The understanding of the dominant monologue magnifies the person's awareness of this dominance potentially influencing the personal narrative (Kenny, 1999). Becoming aware of this personal narrative and how it links to the social discourse is often a first step in a person changing, thereby re-scripting a limiting narrative. This would be the beginning of 'ownership' of a personal discourse.

Griffith and Griffith (1994) speak about language as a house wherein beings can find illumination or light i.e. language gives events life through expression. They also point out that both Heidegger and Merleau-Ponty imagined that the "metaphors available to us in our language" can be understood "as lanterns that light up a small area of a dark forest" (Griffith & Griffith, 1994, p.23). This connects to how the therapist mirrors the language of the client, allowing the client to dwell in language and re-narratize or re-script a life story.

By listening to meaning as it speaks through the client's language, the client may be called to new modes of openness regarding the world and to possibilities which have previously been shrouded in darkness. When clients reflect on the language that they use in their stories, they are engaged in the process of making explicit that which was previously implicit or assumed in the everyday mundane state of living. When people truly listen to their own narrative their world is made more explicit. In this process the themes of people's lives emerge and an opportunity arises to take a stand about what they truly believe, shaping a world that is more real for people (Guignon, 1993). Gendlin (1996) speaks about this approach providing a therapeutic context. He differentiates between 'therapy' and 'talking'. The focus is on the understanding that language is an embodied phenomenon and not merely words. People can talk, but that does not mean that the words resonate with the audience. However, when words begin to tap into what a person experiences or feels, then it means that the words have accessed a deeper connection to the person's experience. When words resonate in this way, it often indicates that someone has brushed up against the murky edge of a deeper narrative lived experience which is often implicit, but authentic.

For Gendlin (1996), any 'talk' that does not resonate with the person in therapy, leads to dead-end conversations instead of leading towards transformation of the whole person. Any human being is potentially an open world of possibilities and can be transformed when language speaks to the person and the 'body' in this manner. It is language that is attuned to the person that matters. To use Griffith and Griffith's (1994, p.23) metaphor, the client may shed light on those aspects of the 'forest which had previously remained in darkness'. Through language that creates a dialogue resonating with the client's reality, a previously constricted

existence may open up new ways of being and connection with the world and with relationships (Robbins, 1999).

It appears that very few people are aware or willing enough to engage directly with their personal discourse or narrative, be this at an observational or meta-perspective level. Most people struggle with extreme self-judgment, or they fear judgment from others when exploring beliefs, patterns or behaviours. The universality of this theme in the case studies indicates this as a possible major social factor underlying therapeutic and human dynamics which influences the outcome of psychotherapy. People are not necessarily aware of this dynamic and its influence. Although minority groups are always questioning social discourse and bringing new dialogues into being, this is not a commonly respected value in 'modern' society. Dominant narratives therefore prevail, often drowning out other valuable information and experience.

Conclusion

In exploring individuals' experiences in psychotherapy, it becomes evident that the psychotherapy context and process is more complex than the mere understanding or manipulation of the individual's personal systems or subsystems. The effectivity of the therapeutic context and the subsequent successful completion of psychotherapy require a deeper understanding of the potentially conflicting monologues and discourses that both the client and the therapist enter the room with.

Bringing about change is therefore not merely about being a change agent, as no amount of therapist skill or agile manoeuvring can compensate for, or silence the differing monologues that people bring into psychotherapy. It is also no less possible to silence the overwhelming powerful narrative or monologue of the dominant culture within which all people live and are exposed to. To what degree a person is able to be aware of this monologue and its construction is a further aspect allowing or inhibiting change in psychotherapy.

Language is a key connector to meaning as it includes the definitions, expectations, stereotypes, jokes and other social constructions that have been co-constructed around psychology (Robbins, 1999). Many of these stereotypes and perceptions remain unchallenged in popular thinking and speech. Language and discourse can therefore potentially be threatening to the perception of emotional safety and risk in psychotherapy, further complicating therapeutic flexibility (Griffith & Griffith, 1994; Montgomery, 1995).

Psychotherapy, however challenging, novel, inspiring or esoteric in its approach, remains subject to the dominant narrative. Psychology can no more escape this social context than can any other part of society. Yet the profession is in a position of needing to bring meaningful change to people struggling with the dominant narratives of society (Gergen, 2003). The post-modern therapist existing in a modern world needs a sound understanding of the social monologues which potentially derail psychotherapy.

All cultures have social anchors which maintain their monologues. The western narrative has many powerful anchors in place, one of which is modernity which encompasses empiricism and rational thinking. Descartes' legacy still rules firmly in the minds of many through the concept that human beings think themselves into existence (Haggerty, 2006; Rosenau, 1992). When capitalism and a strong dose of consumerism are added to this, the stakes for survival in a demanding world of 'performance and achievement' become very high. This concern with survival anchors many into the ongoing dominant narrative of consumerism and machine-age thinking.

This narrative is often overlooked when it may be a fundamentally defining aspect in psychotherapy. This is not only in the construction of the client's world, but also the therapist's world and the psychotherapy context. Despite the therapist utilizing meta-perspectives, this does not change the lived reality that the social world and society is often a 'counter-intuitive', anti-therapeutic, deeply cerebral and rational space. This dominant discourse requires therapists to have a deeper understanding and clearer focus on the prevalent issues if psychotherapists are to be more effective and remain relevant in society.

The following chapter addresses the dominant social and professional narratives from the psychotherapists' vantage point. This also brings into question the forces underlying these dominant social discourses influencing the field of psychotherapy and its effectivity.

CHAPTER 9

EVOLVING CONVERSATIONS

Healing at its fundamental level might well be a rebalancing of constituent parts of the whole organism, and a reconciliation with the appropriate super-ordinate pattern – with self, world, tao, god or whatever we choose to call it. In view of the reciprocal relationship between part and whole, our own state of being may actually be significant to the health of the whole cosmic order, even in its material bodily aspect.

(Whitmont, 1993, p.34).

Introduction

The function and role of psychotherapy is often shrouded in ambiguous social and public perceptions, perpetuating stereotypes that stimulate ongoing debates about psychotherapy. Many psychotherapists have discovered though, that the world of psychotherapy is very different to the public's imagination. Psychotherapy can be fraught with difficulty, contradiction and paradox, in professional as well as therapeutic relationships; a far cry from the sense of 'helping' people that many assume it to be (Guignon, 1993). Most psychotherapists struggle with these difficulties which undoubtedly impact on psychotherapeutic effectiveness (Ackerman & Hilsenroth, 2003; Goldberg, 1986; Robbins, 1999).

Psychotherapists often report struggling with dilemmas in the psychotherapy process, such as conflicting demands and outcomes (Stolorow, 1994). One such perplexing paradox is the contradictory relationship of the therapist simultaneously providing 'tissues', while watching the clock and charging a fee; another is that the psychotherapist may be revered, or ridiculed and feared at the same time (Owen, 1993). Clients and society often judge psychotherapy harshly for these dynamics. These dilemmas present the therapist with difficult choices and concerns on a daily basis.

The blatant discrepancies between what people expect of psychotherapy versus people's perceived gains, encapsulate some of these struggles (Goldberg, 1986; Stolorow, 1994). To conceptualize this struggle is not simple, as the language and understanding around these dynamics is often underdeveloped and poorly understood in the professional and social circles surrounding psychology.

In addition, psychotherapists are also embedded in the social and cultural fabric of society, and are therefore exposed and susceptible to the same social discourses and pressures as everyone else. Understanding this requires an investigation into the psychotherapist's view of psychotherapy and the social discourses influencing this. The professional and personal concerns of psychotherapists and their influence on psychotherapy cannot therefore be dismissed as they are representative of deeper social discourses (Hubble et al., 1999)

In the light of this, the focus of this chapter is primarily to consider the larger social discourse that influences psychotherapy as reflected through the experience of psychotherapists. This is aimed for by means of conversations with colleagues and peers. These conversational descriptions are composite descriptions of the individuals' feelings, perceptions and observations over a period of time. The chapter proceeds to discuss the relevant public and social discourses which appear to influence these individuals' experiences of psychotherapy as highlighted by the conversations. The roots of dominant social discourses are explored along with their potential influence on society's perceptions of life and psychotherapy. This relational connection is considered a potential key variable in psychotherapeutic effectiveness.

One of the primary concerns around psychotherapeutic effectivity stem from public criticism towards psychotherapists and psychotherapy. Complaints about psychotherapy being ineffective are common place, with many therapists feeling vulnerable and unsupported in the profession (Viljoen, 2004). The high rate of therapist 'burn-out' is frequently written about, describing feelings of frustration, helplessness and lack of appreciation as reasons for therapists burning out. This dynamic and its interface with client complaints requires extensive exploration, as understanding this aspect of the psychotherapy profession could shed light on the

underlying social factors connected to perceptions and experiences of ineffective psychotherapy.

Conversations with colleagues

In the conversations that follow, certain themes appear to frequently repeat. These could be called 'central' themes in the experience of many psychotherapists. Primary amongst these is the feeling of deep dissatisfaction that many therapists describe in the profession in general (Owen, 1993). Complaints range from feelings of a profound lack of meaning and fulfilment through to poor financial remuneration. Colleagues often seem to experience fluctuating or ambivalent values and 'feedback' in and from the profession. They describe the demand to remain resilient and flexible as overwhelming, although important. Many therapists also report feeling emotionally stressed and 'brittle' a large portion of the time (Viljoen, 2004). Experiencing relationship dilemmas is one of the core contributors to this feeling of stress. One such dilemma is that therapeutic flexibility may become increasingly difficult to maintain, especially when the value of psychotherapy is contradicted or undermined by the client's expectation e.g. a person wishes to derive benefit from psychotherapy, yet considers psychotherapy to be of little value and criticizes the process, creating a difficult dynamic with the psychotherapist.

A further shared and prevalent feeling is that of frustration and a deep sense of helplessness. Psychotherapists often ascribe this to the apparent lack of effectivity of the work that they do, as well as the frustration relating to the general lack of direction experienced in the field of psychology in South Africa (Kagee, 2006). More specifically, most colleagues struggle with feelings of burnout and pressure relating to the demands and role of being a psychotherapist as well as the psychotherapy context (Robbins, 1999).

The following conversations are descriptions which took place with colleagues who were willing to share their thoughts, feelings, perceptions and experiences of the profession. Colleagues were selected on the basis of availability, and interest in sharing their experiences of the profession. Six conversations were held with each colleague over a period of one year. The conversations looked at their personal

experiences of the profession and how these influenced and shaped their lives. The different colleagues came from diverse backgrounds and have worked in various settings ranging from private practices to hospitals and corporate environments.

Pseudonyms are used for all the individuals involved.

Conversations with Penny

Penny is a clinical psychologist in her late twenties. She divides her working time between private practice and corporate work. Penny is very forthcoming about her experiences and feelings regarding her role as a psychotherapist. Many of Penny's descriptions are deeply emotional and she clearly states that she experiences a daily struggle with her professional role and identity as a psychotherapist.

Penny also says that she prefers the corporate setting as it is clearer territory within which client expectations can be negotiated. Although Penny would like to make a difference to people's lives through her private practice, she also feels that it is a very difficult thing to do as people are often opaque and unreasonable in their expectations. Penny reports that she regularly feels a deep sense of helplessness and inadequacy or even shame at her own perceived incompetence when she is faced with private clients. In the therapeutic setting, her concerns about "getting it right" are overwhelming for her. Penny expresses her need for more meaning from her work as well as from the therapeutic relationship. She further expresses a desire for more respect and value for and in her work, and greater respect from the public domain.

Penny explains that the psychotherapy context often traps her into a performance role. Here the pressure to conform to client expectations and in turn to deliver specific outcomes or solutions for clients is immense. Along with this, her own frustration about stepping into the expert role, which she knows she should avoid, puts additional pressure on her. The expert trap thus becomes very difficult to avoid and leads to further feelings of personal inadequacy. Penny strongly feels that as a therapist she is expected to know about all things. This requires that she continually reads and researches new information in order to feel that she has all

the answers. This personal expectation creates vast tension in her life, as she puts pressure on herself to stay ahead of the latest developments. Penny's attempts to position herself more effectively may initially create a sense of professionalism but leaves Penny describing her experience as constricting and fearful. Her greatest fears are of being called a 'fake' or a fraudster for not being knowledgeable enough. Penny also frequently blames herself and feels personally responsible when clients do not return for psychotherapy, struggling with feelings of personal failure. She is afraid to share these views and feelings with other professionals and colleagues, for fear of being ridiculed.

Penny acknowledges her own shortcomings and attends extensive individual psychotherapy and supervision to 'fill in the gaps' of her training which she believes was inadequate. However, Penny also believes that a 'bigger picture' or more holistic solution is needed to address the problem of unrealistic client expectations. She believes that the public needs to become more psychologically responsible and aware of psychological processes. She feels that although many people are more aware of and connected to their personal concerns and issues than in previous decades, many are still unwilling to address these issues. She feels that the process of therapeutic work and change is assumed to be only the therapist's responsibility. Penny also believes that this dynamic could possibly change if the public could be more aware of its role and responsibility in psychological and mental health care.

According to Penny, public psycho-education is one of the cornerstone solutions to this concern of psychological responsibility. She would therefore like to open a centre for public 'psycho-education'. This would provide greater access to psychotherapy and psychological coping skills. Penny believes that a need for psychological 'hard skills' exists in the public domain. By this she describes skills which are every day, practical skills and applications to help people cope with emotions and stress on an immediate daily level. Penny also believes that this could improve the general credibility of psychology and that it could bring a necessary cultural shift in the perception of psychological education. She also feels a great sense of frustration around the lack of funding, support or knowledge that could support such a centre. Penny believes that such psycho-education could be used to aid and educate people much earlier in life, such as school

children, where an awareness of psychological and emotional well-being can be fostered. She further says that the South African context does not place nearly enough emphasis on psycho-educating people who are already struggling with a difficult lifestyle.

A further frustration for Penny is the problematic relationship involved in taking money for services of an emotional or psychological nature. She feels that clients sometimes expect therapists to fulfil the position of a social worker or to be a 'martyr', i.e. expecting that emotional work is purely an act of the heart and not a profession, or that it should simply be done for free as a church would. She says this again indicates the lack of understanding of the skills of a psychotherapist. Her experience of money exchanges with clients has left her feeling judged as unethical for treating her work as a business. She reports that clients complain extensively about payment and that some of them become abusive when settling the account. She feels this experience could be linked to the perception of respect versus disrespect for psychotherapy, i.e. people not respecting the profession or what it is designed to do, unlike other professions which seem to enjoy greater acknowledgment.

A synopsis of Penny's experience is that she describes these difficulties as 'the therapist's dilemmas'. Penny feels very trapped and unable to effect meaningful or therapeutic change with the client while simultaneously satisfying the client's expectations and wishes. Penny further describes psychotherapy as a profession which is often oppressive of the therapist and thankless with very few moments of true reward. Although she keeps working, she says that at times she does not have much hope for the future of South African psychology or her role in it. Penny also speaks of the concept of spirituality emerging throughout society that is slowly shifting social consciousness to a more 'open' perspective. She feels, however, that this shift is occurring too slowly for her to benefit in her career.

Conversations with Vernon

Vernon is a clinical psychologist in his mid-thirties. He used to run a very busy and successful private practice, but has withdrawn from his practice over time to work exclusively in the corporate world. Vernon frequently receives requests from

clients to return to private practice. He is regarded as a highly skilled and experienced psychotherapist.

Vernon also expresses concerns about the profession. He describes a deep sense of anger and disappointment at the lack of professional support structures. At times these feelings seem to border on contempt. Vernon also expresses frustration with clients or colleagues, as he feels that people are naive about the future and the problems facing psychotherapy. This concern about psychotherapy is also expressed through his feelings of hopelessness, as he questions whether psychotherapy is effective and has any value. Vernon also feels that psychotherapists are not respected in society. These feelings were similar to those of Penny, describing her struggle with professional skills and self-worth. Vernon often discussed feeling unfulfilled in his career due to the unpredictable outcomes and low levels of affirmation in the profession.

Vernon also comments on the difficult colleagues have with self-expression due to the lack of affirmation in the profession. Even with post-modern ideas promoting therapist self-disclosure, clients do not always appreciate self-disclosure; leaving therapists feeling exposed or vulnerable when they do share personal details. Vernon feels that therapists are basically 'on-their-own' in the profession. He also describes the therapeutic context as a frequently hostile environment for psychotherapists in terms of client criticism. Vernon feels that clients complain too much, while not taking enough responsibility for their emotional well-being. Vernon often discussed feelings of ambiguity about his decision to terminate his private practice.

A further concern that Vernon has is the direction that the psychology field appears to be taking. He expresses concerns around psychotherapists becoming overly technical due to the urgency for more techniques and interventions, instead of a greater focus on client needs being emphasized. Vernon feels that this is particularly problematic in South Africa. He is currently in the process of emigrating to Australia as he believes that the field of psychology is better supported in Australia in terms of infrastructure, respect and opportunities for psychologists, Vernon is also often scathing toward psychologists who choose to stay in the country.

Emigration to Australia has become a popular conversational topic among local psychologists and emerged in most of the conversations.

Conversations with Kenneth

Kenneth is a counselling psychologist in his early thirties who works exclusively in private practice. He does extensive career guidance, mostly working with adolescents. In the conversations with Kenneth he makes no effort to hide how exhausted and jaded he feels about the profession. Kenneth speaks about the incessant hours that have to be ploughed into the job in order for a person to feel confident about the recommendations that are made to clients. The constant worry about financial matters and sustaining a business is a further concern for him. Kenneth complains about people his own age who have a more reasonable life where they are paid adequately and have a decent standard of living. He feels that the profession does not provide sufficient resources for a good standard of living. Kenneth is very clear that by age forty he wants to be in a completely different career, preferably running his own business.

Kenneth speaks about feeling 'abused' in that he is nothing more than a commodity to his clients and the public, which he says leaves him feeling 'dehumanized'. He feels that the requests he receives from clients are often disrespectful in terms of times and hours that are demanded. Clients reciprocate his efforts with a lack of respect in that they often do not keep their appointments. Kenneth also complains about the lack of safety, structure or predictability in the profession. Like Vernon, Kenneth often expresses anger about the public wanting too much from the therapist, and that this feels parasitic in nature. Kenneth says it would be easier if he had a skill to offer that showed tangible outcomes so that people may feel more satisfied with their results. He says that he often feels he suffers from 'empathy-fatigue' and struggles to relate to people.

Kenneth translates these feelings and experiences into what he terms society's fundamental disrespect for anything that does not satisfy instant consumer gratification. He also speaks about people's lack of awareness, similar to Penny's thoughts. He says he feels the pressure of being put in the expert position by

people criticizing or scrutinizing him, creating the feeling that he should know everything that there is to know. Part of Kenneth's experience of ambivalence is the contrast between feeling abused and rejected, yet also idealized as the epitome of knowledge. "People simultaneously put you on a pedestal, and push you away and demean you." He also describes this as "a reflection of the person's projections onto someone or something else." Kenneth describes being personally questioned and judged for disappointing clients' expectations, i.e. for not being a parent yet, for being too young, or having his qualifications questioned.

Kenneth makes further observations about psychotherapy and people's perceptions of it. He says psychotherapy is comparable to religion in the sense that it fulfils a necessary function; it is often unpopular and is harshly judged by many people. He says the therapeutic space is comparable to the historical role of the confessional sanctuary in the Catholic Church where people could pour out their concerns to another being, similar to being 'witnessed' socially. He says it would seem at times that modern day psychotherapy has replaced the function of the church, yet it has not been acknowledged as such. Spirituality could be representative of a person introspecting, just as psychotherapy requires reflection and emotional examination; this is a space which is often judged and rejected as a mainstream narrative. This also contrasts with the corporate world which is financially based and greatly respected. In this analogy, Kenneth concludes that psychotherapy will remain troubled as long as people hold limited perceptions of it.

Conversations with Gina

Gina is a clinical psychologist working primarily as a psychotherapist. She is in her late thirties. Gina is considered to be very competent by her colleagues and her clients. She does corporate consultation but specializes in private practice. Gina spreads her time between psychotherapy and corporate workshops as she finds the private practice work particularly exhausting. Gina states quite clearly that she needs the additional financial support from the corporate work. When speaking about psychotherapy, Gina generally comes across as feeling despondent about the field. She expresses frustration about the nature of the work being labour intensive and not viable as a long term career, or for making an adequate living. Gina also expresses great frustration at feeling unfulfilled in the work

process and says that she struggles to see more than five private clients per day due to feeling burnt out. Gina also says though that she prefers the private practice work to the corporate work.

Gina reads extensively and often discussed her readings about the therapist-client dialogue, narrative or expression in our conversations. Gina works extensively with testing emotional intelligence (EQ) for private clients and doing assessments for corporate clients. From the demand for this type of work, she believes that psychologists need to take cognizance of the expanding need for the application of the concepts of 'emotional and spiritual quotient' in the field. She says that corporate companies are widening their horizons and incorporating the concept of spiritual intelligence to improve relationships at work. She explores the idea of spiritual intelligence as including ethics, morality, meaning and other relevant philosophical ideas, but often feels that clients are not ready for this.

The belief that people need a place to grow and that psychotherapy should be such a space is something Gina firmly believes. She advocates moving away from rigidly defining the world in terms of deficit or dysfunctionality, saying that she struggles when clients who prefer this view and who demand this approach in therapy. She believes that psychotherapy should focus more on growth rather than on dysfunctionality. She also says that the public should become more aware of this difference and shift their focus so that people may foster a sense of responsibility towards their own emotional and mental health care.

Gina expresses a personal need to do something more meaningful in her work life and believes that people in general are searching for this. Gina shares a similar anger and frustration as the other colleagues, but rather expresses this as hopelessness about her career path, and through her sense of meaninglessness in the field.

Conversations with Shelley

Shelley is a counselling psychologist who worked as an industrial psychologist for many years. Shelley is in her mid forties; she left a full-time corporate position after many years to start a private practice, although she still occasionally consults

to corporate companies. Shelley primarily left the corporate work because she was seeking greater fulfilment in private practice, believing it to be more meaningful and devoid of the extensive frustration related to corporate politics. Shelley discussed her need for personal meaning and her lack of satisfaction in the work place at great length in our conversations. The discussions bridged many of the themes discussed with the other colleagues and looked at how relevant these issues and feelings of concern were to continuing in a meaningful or productive way as a psychologist.

The initial discussions with Shelley focused on the difficulty she experienced with verbalizing her personal struggle in the psychotherapy process, especially in terms of telling other people about her experiences. This difficulty in finding adequate descriptions and language seemed to be generic to most of the colleagues who were struggling with frustration and unhappiness; it also seemed related to questions about the general direction of the profession. Although most peers expressed deep frustration about the profession, it was also very difficult to isolate exact core issues. Shelley experienced similar frustrations in articulating the core problems with the profession. She equated this to feeling trapped or lost, and stated that many aspects relating to the profession are difficult or problematic for her.

It was from this sense of lostness and the difficulty to express this, that language became a topical theme for Shelley, i.e. she looked at the discourses surrounding psychotherapy. This led her to consider the 'available' language with which society defines psychotherapy and how developed this is or not. Shelley felt that many of the ideas about psychotherapy and the related language have not been adequately explored or clearly articulated and that this inhibits people's conversations about therapy.

Although Shelley describes being in a phase of transition in her career, she also feels deep concern that she may not have made the right decision. One of the primary anxieties in her conversations centred on her self-confidence being impacted by the lack of structure and feedback in the private practice work, as well as the financial concerns. Shelley still feels ambivalent about her decision to

change jobs, and that this ambivalence wears her down. She believes she is a potential candidate or at 'risk' for burnout.

General conversations with colleagues

Further to the described dialogues, more general conversations were held with groups of colleagues and peers in various social settings. These were often casual conversations but nevertheless gave important insight into other people's perceptions and experiences of psychotherapy. Other general conversations held with peers crystallized the ideas and feelings that were already expressed in the conversations with individual colleagues. These feelings primarily related to feeling 'unskilled' in managing the relational and social complexities of psychotherapy, accompanied with feelings of helplessness and voicelessness. Many psychotherapists complained of feeling silenced or alone in the profession, as well as feeling ineffectual and confused about their role (Ball, 2005). The following themes capture the broad sense expressed by most peers and colleagues, and mirror the themes from the individual conversations.

Disillusionment

One of the primary themes that emerged in the conversations was that many therapists perceive South African psychology to be in trouble. This related especially to disorganization and a lack of support in the profession. Most colleagues stated that corporate work is the only viable future for psychologists in this country. This however also appears to be a paradoxical statement, as many psychologists complained that corporate work is not always easy to come by and that it is often unfulfilling or boring. Colleagues further said that they wanted to do some sort of clinical work, but would also prefer to keep this to a minimum as they found it stressful and exhausting. These conflicting feelings seemed to mirror a deep ambivalence toward the profession. Many colleagues described feeling depressed in private practice as they find it taxing or tiring, affecting their mood.

Invariably colleagues expressed concerns about their earnings due to the nature of hourly billing and the lack of guaranteed income. A shared feeling that finance is a constant worry and a possible point of contention between therapists and clients

was common. Many colleagues who were not exposed to corporate opportunities felt that they wanted to make a complete career change, usually wanting to leave psychology before the age of forty or forty-five. Many also stated feeling deeply disappointed and disillusioned in and by the profession and their career choice. People expressed feeling that they had wasted years of their lives on something that is mostly unrewarding. Some colleagues even stated that they felt cheated of their youth.

Most therapists said that rewarding moments were few and far between, often leaving them with the feeling that the work is not worth pursuing. Feelings of bitterness were not uncommon. Colleagues stated that they often discourage younger people from going into the psychology field, as they wish that someone would have given them the same advice. The exceptions to this were psychologists who qualified at an older age and only started practicing during or after their thirties. On reflection, many of them said that this is perhaps connected to the 'seriousness' of the profession, younger people often felt that they had been robbed of years of 'good' living or having fun experiences. Many commented that the 'heaviness' of the profession feels unmanageable at a younger age. These feelings often seem to contribute to burnout for younger therapists, whereas older people with greater life experience may be more equipped to manage the difficulties of the profession (Viljoen, 2004).

Many colleagues also described feeling that they live vicariously through observing their clients, feeling cut off from their own experiences and reality as though they have lost touch with the real world. Older people also seem to be more aware of what other jobs entail and have no illusions about living a different life which may hold greater promise. Most colleagues reported feeling 'jaded' and disillusioned about psychology in general with complaints of too little infrastructure being a common occurrence.

Disrespect

The theme of disrespect appears to be fundamental for most therapists. Feelings of resentment and anger about other professions, not necessarily more qualified but earning greater income or more social respect, also frequently emerged in

discussions. This linked to professionals such as engineers, lawyers or doctors being more recognized in society. Psychologists often feel that they are ignored, invisible or even ridiculed and are the 'stepsister' of the other professions. Not being able to speak about work due to confidentiality issues also lends a further aspect of 'voicelessness' and lack of appreciation to the career.

A point of contention for many colleagues is that homeopaths, chiropractors and other alternative practitioners are called 'Dr' while psychologists have to do a separate doctorate to achieve the same. Several of these alternative professions complete a five year diploma, which colleagues felt was scant when compared to the master's level training in psychology which has an additional timeframe of the internship and community service as a requirement. This complaint seems to leave many in the profession feeling undervalued and embittered. The feelings of bitterness with regard to this matter are very possibly a symptom or reflection of feeling socially invisible and undervalued. The 'Dr' title possibly represents the promise of greater reward or recognition from a social and professional perspective. While a sense of greater recognition may be seen as merely a perception by some, the social connotation of the 'Dr' title does lend perceived social power or respect to the person holding it, especially in the public domain. Conversely however, it also exposes psychologists to the potential trap of being a medical professional. Many therapists do, however, view themselves as fitting into the medical model, therefore making the issue of 'doctor' relevant to them. Psychologists also often report feeling that doctors and psychiatrists do not take psychologists seriously, while clients expect medical knowledge from them.

The questioning of professional qualifications and personal characteristics is not unusual. Clients often indicate that they expect a solution within one or two sessions, and that they don't have the time to waste on many sessions which will not be effective, reflecting a consumerist attitude. Therapists reported that clients also often withhold the 'truth' to test if the therapist is 'good enough' to detect the lie. At other times clients would openly state that they want to be convinced of how and why therapy works. There are, however, also the clients who understand the process and are willing to work within a dynamic relationship with the therapist towards an achievable and desirable goal. The time frames and

relational factors involved with developing a workable relational and therapeutic space differs with each individual, yet remains challenging (Robbins, 1999).

It was also said, that despite stating an overt willingness to engage in psychotherapy, most clients exhibit some degree of 'covert' behaviour which could be interpreted as a 'sabotage' of the process. This is expressed as displaying a sense of mistrust of the therapist, but could also be a perception of psychotherapy stemming from the social dialogue about psychotherapy. A simple check point for this would be to compare psychotherapists to other medical practitioners, e.g. very few people 'interrogate' or do reference checks on their dentist or general practitioner. Although a personal referral may give comfort that the practitioner has expertise in his/her field, most people enter the medical or dental experience with a degree of innate 'trust'. Furthermore, very few people expect to be convinced that they need dental work done or blood pressure checks. Medical knowledge of this sort is already part of the general cultural understanding of what health entails and is therefore not questioned.

Colleagues also complain that there is little space or time for 'deeper' or personally meaningful work in psychotherapy, with therapists reporting pressure from clients to be more direct and goal-orientated. Although this approach may have its merits in terms of therapists being more aware of what they bring to the therapy sessions, this pressure is often stifling when it comes with a sense of urgency, criticism and frustration. A further issue related to the feelings of disrespect or invisibility is the public's perception of the training required to be a psychotherapist. While more people are becoming aware of the training prerequisites, public opinion often holds that a three year psychology degree or an honours degree qualifies a person as a psychologist. Certain clients also come to psychotherapy stating that they are psychologists when they have undergraduate training. Many colleagues felt devalued by this, and believe that the public are 'misinformed'. Peers commented on the strangeness of the public's high expectations of psychotherapists, when there is a general belief that so little training goes into becoming one. This too reflects strange paradoxical social beliefs about psychotherapy.

While these may seem like petty arguments, they do reflect a broader view that exists in society. All these feelings speak of perceived social values which fundamentally reflect a perception of social and professional ambivalence within and toward the profession. This ambivalence pivots around unrealistic hopefulness about 'cures' juxtapositioned against feelings of deep disrespect and disillusionment for the profession when it cannot deliver on these expectations.

Social discomfort

The theme of social and relational discomfort seemed common to most psychotherapists. Psychotherapists are exposed to clients who regularly express ambivalent emotions of hope, confusion, anger and at times even inappropriate behaviour. This relationship aspect can be very challenging to manage as clients often report feeling 'dissatisfied' with the outcome of their therapy (Owen, 1993; Robbins, 1999). Despite all of this, people continue to seek out therapists in the hope that they will find something of value in the process.

Many therapists report feeling judged by the people close to them who display a deep sense of ambivalence toward psychotherapy. Social situations are often an example of this. Psychologists may feel scrutinized or ostracized socially, and are frequently inundated with questions and curiosity about their work. Social commentary about 'shrinks' is not uncommon before people realize that there is a psychologist amongst them in the group. Families of therapists tend to skirt around topics relating to psychotherapy. Colleagues often stated that they feel invisible in their families, and that their job is like the 'family secret'. Everyone knows who they are and what they do, but no one really engages the person on the topic, or understands exactly what it is about, hoping to keep the conversation to a comfortable social level. Many colleagues feel deeply invalidated by their families. Opinions on problems are either asked for as free advice or people avoid speaking to the therapist completely. Colleagues also feel that because the psychotherapist's role is poorly defined or even misunderstood, the profession is more open to speculation and ridicule.

Besides the constant management of the relationship variables and the communication within the therapy context, there are also other factors that make

the process difficult. Clients who are aggressive about attending sessions, exhibiting rude or disrespectful behaviour sometimes personalize this toward the therapist. This anger is often related to payments for sessions, expressed with a sense of expectation that psychotherapy should be 'free'. Such clients also often express with great contempt that it is 'wrong' for people to have to pay for 'emotional support', illustrating a further social perception of what the process and function of psychotherapy is about.

Lack of support

Every year many psychologists plan to, or do emigrate, costing the country thousands of rands in training and expertise. In terms of psychology, crime is not the only factor for this exodus of skills. Psychotherapists feel that the lack of professional support from the profession, public and government is a huge problem. Overseas countries with well-structured, well-paying positions in major health departments hold great allure for young, talented professionals. World-wide, psychology can be a challenging profession. However, South African psychologists seem to feel inundated with extensive contextual variables complicating the situation. Much of this seems linked to a lack of structure in the profession often blamed on third world standards or lack of information and knowledge on all levels of society.

The multiple stressors that most psychotherapists report, give rise to a situation where many psychologists have a personal need for psychotherapy.

The therapist's need for psychotherapy

The numerous conversations with colleagues indicated that most therapists have a need for their own psychotherapy or support base. Unfortunately though, many therapists do not experience the benefits of personal psychotherapy, often due to limited opportunity to do so. The lack of therapeutic opportunity for therapists is a complex issue. Many therapists express deep frustration with the inability to find a colleague/therapist to whom they can go to for support without feeling

uncomfortable. Ironically most therapists feel judged or inhibited when they go for personal psychotherapy.

Going to another professional on a formal basis is described by many as feeling stilted and unsafe. This is partly due to the perception of some therapists that they should always know what to do and be able to sort out their own problems as professionals. The psychotherapist who attends therapy as a client, often judges the therapist who is managing the session. The 'client-therapist' may also feel 'inadequate' or labelled as 'weak' for wanting psychotherapy. This feeling of being labelled and the ambivalence that accompanies this is similar to what many clients report. Conversely, the therapist providing the session or treatment may also feel judged and labelled as providing an inadequate service.

The lack of satisfaction from personal psychotherapy directs many colleagues to seek out peer supervision groups as alternatives.

Peer supervision groups

Other than the desire for personal and professional growth, the lack of a safe or appropriate context for personal exploration contributes to the need for peer support for psychotherapists. The supervision group can provide emotional support and a sense of personal and professional 'normalcy' when very little other support is available (Viljoen, 2004).

The perception of most psychologists is that unlike professions such as medicine with great professional and social respect, the number and quality of structured professional support activities is very limited in psychology. Except for the yearly conference which is usually rated as poor, most people feel that course offerings from accredited bodies such as Psychological Society of South Africa are limited in that the content is often not applicable to everyday practice, and that the quality and organization of these functions are poor. This all heightens the feeling of isolation in private practice, as well as the perception that the professional structures are disintegrating. Peer supervision groups can offer some relief to this sense of isolation

Hedges et al. (1997), succinctly speaks of the trials of therapists becoming isolated in the profession and in society. This is linked to many factors in the profession, but particularly to fears around accusations of malpractice and inappropriate boundaries in psychotherapy, all leading to increased social rejection and social withdrawal. These concerns increasingly create a need for support and relief from fears of social judgment. A context is required where therapists can share concerns and receive feedback in terms of guidelines and difficult situations. Supervision groups could create such a context.

Personal supervision group

Due to a lack of infrastructure and shared frustration, a peer supervision group was established amongst colleagues and myself. The group was narrowed down to six people who at the outset of the group defined shared and mutual needs or interests. Other colleagues were also invited but claimed that they did not have time to join. Most people in the group expressed a desire for support in some form or another. Although all the individuals expressed wanting a supervision group, establishing the group proved to be more difficult than imagined. People initially appeared reluctant to take responsibility for the group or a personal role in it. The difficulty in initiating the process seemed linked to apathy and a feeling of resistance or ambivalence toward the group was encountered. Although the therapists said they desired change, all seemed to struggle with expressing themselves in the group and committing to the initial process, possibly feeling afraid to trust the process in the climate of isolation that everyone shared of the field. This difficulty seemed to continue after the initial meeting, even though all the parties said they felt committed to the process. People seemed afraid of speaking out and being judged in front of the others. Colleagues often claimed that they were too tired to contribute much.

As the group developed, thoughts were shared about the common struggles in psychotherapy. An opinion held by all in the group concerned factors related to a lack of public awareness of what psychotherapy is about. Most colleagues felt that the social awareness of people should be raised and that public education about emotional and mental health is required.

All the group members shared the feeling that the media could play a fundamental role in promoting or inhibiting the perception of psychology in society, as the media often contribute toward shaping powerful discourses. The dominant social narratives also feed the media's approach to advertising. This interaction between media and discourse should therefore be highlighted as a social and cultural phenomenon which affects the social discourse concerning psychotherapeutic effectivity.

The Media

Many therapists feel that the media play a supremely powerful role in shaping society and beliefs, especially in terms of consumer perceptions. Currently, most professions are also viewed as consumer products, open to the same scrutiny as any other product or option that is for sale. The media are also often responsible for influencing social perception of a profession (Shaw, 2002). Unfortunately, the images projected from the media about psychotherapy are based on very specific and often outdated forms of social bias or stereotypes.

The media may occasionally project a psychologist as playing a positive or enigmatic role as seen in popular film or literary culture. More often than not though, the media portray the psychotherapist as annoying, ineffectual, neurotic, or as purely involved with a criminal case representing a mental patient. The kinder media roles represent the psychologist in a humorous light, such as playing the eccentric, or being the brunt of jokes. Many of these images come from American and British film and television roles. Very seldom does the psychologist get the socially respected or serious role of the successful lawyer or the 'ER' doctor saving lives (Shah, 2006). These roles additionally shape the public discourse of the different professions.

Although poking fun at a profession can be taken in good humour and has its place, the problem with this lies in the rigidified deficit roles that are portrayed. This happens when the public can no longer clearly distinguish between the stereotypical roles of characters and the actual profession. Although all careers

have stereotypes, the stereotypes of psychology are by and large more damaging than uplifting (O'Halloran & Linton, 2000). The dominant narrative of psychology has influenced perception to exclude most flexibility or difference, so that the public and media experience of the psychologist has mostly taken on a stilted quality, creating in essence a caricature of this role. Many psychotherapists feel that the media plays a role in the dominant perceptions of psychotherapy, as therapists say they are often inundated with rude comments linked to media exposure.

Due to the conviction most therapists hold about the media, a case example is offered as an illustration of the media's influence.

Media Case Example

A case illustrating the media's role in shaping the dominant social narrative of psychotherapy took place in 2003. The incident involved a group of psychology professionals (in a group practice) in Johannesburg who took offence to a national advertisement which was circulating at the time. The advertisement was for a well known insurance company that claimed it offered the same and better services than other companies, but at a much more affordable rate. The company illustrated its point by comparing a photograph of a Labrador to a photograph of the office of a psychotherapist, Dr 'X'. The caption under the photos pointedly questioned why a person should pay for Dr 'X' when the Labrador could provide exactly the same or better benefits at virtually no cost at all. The implications and problems of this advert were numerous and affected people on different levels. It clearly demonstrated common perceptions of society and how these perceptions dismiss psychology through humour ranging through to blatant disrespect. Several people in the profession felt that this held dire implications for the profession. The message undermined and ridiculed people who take responsibility for their problems by seeking help from a therapist. Even though the therapeutic benefits of pets are well documented (Levinson, 1980; 1984), by comparing psychologists to dogs, people's real life problem or concerns were trivialized. This advert encouraged society to see psychotherapy as a superfluous, meaningless or wasteful activity, with psychologists offering no more, and fulfilling no more than the role of an obedient pet.

The detrimental implication of this advert was obvious to the professionals who found it surprising that it had been allowed by the Advertising Standards Authority of South Africa (ASASA). A decision was subsequently taken to complain to ASASA. A signed petition was submitted along with a complaint and signed petition from the practice, a well known therapy and assessment centre in Johannesburg (personal communication, June 5, 2005). In response to this complaint, ASASA called a hearing, summoning a representative from the centre as well as from the insurance company in question. On the day of the hearing a representative psychologist presented to the hearing. The psychologist was confronted by a bevy of attorneys from the company in question. During the questioning the psychologist made the various points about discrediting the profession and disrespecting people who were in real trauma and/or taking responsibility for their emotional and mental health. A further point was made relating to the level of inappropriate communication of this advertisement, i.e. that the dog comparison is as insulting to psychotherapists as comparing lawyers to snakes would be, as per the social stereotype, yet this has never been publicly done in advertisements.

Despite what appeared to be valid and grave concerns, ASASA dismissed the case as having no real grounds for argument as they said the company had intended no harm. This possibly confirms one of the dominant discourses according to which psychology is not taken seriously or respected. The company did, however, voluntarily decide to withdraw the advert due to the offence that it had caused. This case is an illustration of social constructions and the power that these constructions hold in the general public discourse. The fact that 'no ill intent' was grounds for dismissing the complaint, merely serves to illustrate the common perception and dismissal of this problem. Dismissing people's wellbeing is never a healthy situation.

Psychotherapists' central themes and related discourse

From the discussions presented it becomes more evident that certain themes and dynamics represent patterns of discourse affecting psychotherapy; the therapists'

narratives reflect certain shared and powerful experiences. These have been categorized to gain clarity and a deeper description of how they link with the underlying dominant social discourses in society which keep these patterns in place. Many of these themes also emerged in the literature (Robbins, 1999; Stebnicki, 2000). The themes begin to infer and mirror deeper social discourses surrounding psychotherapy and are presented below as markers for the possible underlying dominant discourses.

Emotional hazards of the profession

One of the predominant emotions highlighted is that people want more depth and dialogue in and around the profession, especially in terms of identity and respect for psychotherapists. However, this is also interspersed with feelings of wanting realistic expectations and understanding from the public. Other key aspects referred to an ongoing sense of suspicion and mistrust that therapists' feel from the public. Once again this extends to a broader hierarchy of beliefs held about psychotherapy on a systemic level.

The doubt and cynicism toward psychotherapy is captured by Shah (2006, p.29) "whenever the 'doors of perception' open ever so little to let us catch a glimpse of the holographic cosmic mind within us - we are in danger of being locked up for psychiatric observation, and given tranquilizers and other 'cures'. The bulk of patriarchal industries - exist and profit solely by selling momentary diversions to quietly desperate people, seeking anaesthetic escape from the pain of personal alienation. There are also various industries with the task of 'treating' alienation. These include law enforcement and punishment, the medical sector, psychologists, psychiatrists, social workers and so on. Just patch up the wounded and send them back into battle, as for those who cannot be made 'fit for active service', lock them away". This extract presents a view of the social perceptions influencing psychotherapy.

Viljoen (2004) speaks about the vulnerability of psychologists in terms of their emotions in the social context. He says psychologists are "the first to be labelled and, after that, the last to be taken seriously when they want to share their own fears and weaknesses" (p.20). Owen (1993, p.251) states, "the general public

often have a strong reaction to finding out that someone is a mental health professional. The range of reactions can include horror, fear, fascination, anxious jokes, the fear of being analyzed, and occasionally, profound respect.” This serves to confirm the paradoxical view of psychotherapists in society. Unpleasant or unsupportive commentary and feedback from social spheres infringes on psychotherapists, adding to feelings of alienation (Hedges et al., 1997; Owen, 1993). Socially, people often give feedback about psychology in a jocular manner, creating a sense of discomfort or ridicule for people in psychotherapy or for the psychotherapist. Due to the humorous context it is often very difficult to challenge this type of feedback (Owen, 1993; Viljoen, 2004).

Psychotherapists are also often accused of playing the psychologist in personal relationships. Berger (1995) and Morrisette (2001) describe many of the hazards of being a psychotherapist; one of these being that psychotherapists may assume a one-dimensional role to contain and cope with the nature of their work and the work load involved. This one-dimensional role may include being overly empathic or overly detached. Over time, these styles can inhibit personal relationships as well as the efficacy of the psychotherapy.

It would not be unfounded to say, based on the general conversations, that psychology is often disrespected by much of society or is at best considered with deep ambivalence. Psychotherapists feel that their work is viewed with suspicion, curiosity and sometimes scorn. Some people may hold a fascination with psychology but largely fear the ‘unknown’ processes that psychology represents.

Consumerism

Consumerist approaches in psychotherapy appear to be a very real concern (Shaw, 2002). Society’s need for the achievement of goals and outcomes regardless of the costs seems to impact on psychotherapy, e.g. instant gratification appears to be a powerful factor where people demand quick fixes to problems just as the consumer world demands instant solutions. Consumerism appears to be linked to the growing demand for medication instead of psychotherapy. The concept of instant gratification seems to link to the avoidance of pain at all cost as people are not prepared to feel discomfort to get to a

solution, and are often unwilling to take ownership of their emotional processes (Stivers, 1994). If the therapy does not profit the person or the medical insurance directly, then it is not considered to be of value. Long term benefits of psychotherapy are seldom considered.

Without a sense of ownership, an 'ecology' is created whereby little change can take place. This further encourages an environment where it becomes acceptable for clients to demand or expect instant results for problems. The expectation of instant gratification and quick fixes relates to the 'fast food' culture of Western society (Shah, 2006). Knowledge simply replaces the usual consumer merchandise. If symptoms can be removed without further investigation or understanding, and with the application of instant knowledge, people are often happy to settle for this, even at their own expense. This puts emotions into the consumer space just as any other product or commodity, implying that it can be 'traded' with minimal personal input.

The question of maintaining integrity in the therapeutic relationship becomes a problem when these consumerist values take over. In consumerism the individual does not wake up to or 'emerge' into personal meaning (Slouka, 1995). Likewise people also do not become aware of the interactive creation and responsibility of personal belief systems which could empower them. Instead, a situation of mental and emotional dependency on external and often flawed resources is fostered and encouraged. This is the emotional equivalent of the current western physical crisis of 'fatness and unfitness'. This lack of responsibility can be as debilitating emotionally as the current consumer lifestyle has become for people's bodies (Levine, 1996).

The consumer society reflects some of the expectations seen in the psychotherapy process. This is a process where ownership and accountability for change and health needs to shift from being therapist-driven to being client-driven and in the process to be co-constructed and co-shared (Hoffmann, 1991). Instead of waiting for a professional solution, a mutual co-creation of solutions could be shaped. Most people struggle with this concept, waiting for or demanding information from the professional. People do not connect the psychotherapy experience to daily living, thereby failing to see the large scale changes that could come from this. It

is this inability to recognize the bigger picture, and what is at stake, that contributes to so many people feeling frustrated in the perception of psychotherapy.

As an extension of the consumer world, power, hierarchy or achievement are valued more highly than connectivity and integrity (Levi, 2005). The urgency to belong to the greater system is great enough to coerce people into values which do not necessarily support their personal belief system. The possibility of rigidifying the field of psychotherapy therefore remains present.

Ownership and accountability

The common silence in society surrounding issues concerning psychological and emotional factors is perpetuated by a lack of ownership of psychological processes and emotional experiences, often to the point where people scorn or reject emotional concepts (Ball, 2005). Society still seems to reject the idea of accountability for emotions. Accountability is a process whereby clients can reflect on personal and interpersonal processes and choose to risk changing them. An ethical stance is important in relation to this so that people are given all the tools possible to maintain their own personal health and wellbeing, thereby promoting and supporting preventative healthcare approaches (Golann, 1988; Griffith, Griffith & Slovik, 1990).

One has to question the balance of responsibility that the therapist takes for the client versus the responsibility handed over to the client. The word 'responsibility' could thus mean engaging in life or psychotherapy more actively. When the word 'responsibility' is broken up into 'response' and 'ability' and rephrased, it could be viewed as a person's 'ability to respond' i.e. 'appropriately' to choices in society or life.

Out of this grows the notion of 'ownership'. Responsibility may be responding to a call for action, but ownership speaks of initiating a process to respond to something bigger, i.e. being aware and accountable for a healthy mind, body and life (Senge, 1990). Ownership speaks of a person being fully engaged with the process of maintaining health and well-being and wanting to be proactive in the

prevention of problematic circumstances (Covey, 2004; Zohar & Marshall, 2004). This process also generates personal knowledge to manage and maintain such a dialogue of personal health. Ownership could therefore challenge people's monologues to become dialogues of change.

Deficit in structure

A deficit in clear structures and guidelines which support the profession appears to be a problem for professionals across the board. Most universities follow different paths of training with open debate amongst people as to what is correct. Psychotherapy also has no 'Hippocratic Oath' or other equivalent to guide or indicate a form of unity and responsibility to a larger whole or social goal. Psychologists, for all the selection they go through, are either left to be free mavericks save for odd complaints lodged by the public, or they are overly-controlled by bureaucracy concerning administrative issues. There is also often very little unity or common language amongst professionals.

It would appear that linked to the lack of support, a poor work ethic resides in certain therapeutic contexts. Therapists may feel minimal concern to produce sloppy workmanship. Colleagues also report that many psychotherapy 'group practices' fail due to feelings of pressure, insecurity and jealousy amongst colleagues (Viljoen, 2004). This appears to be less frequent with other medical professionals, possibly due to clearer guidelines, training and expectations, as well as fewer emotional stressors in their professions.

Perhaps if psychology were to enjoy greater recognition and support, some of these concerns would dissolve, as many are related to contextual factors.

The paradox of psychological contexts

Most contexts involving psychotherapy prove to be difficult or challenging in some regard (Viljoen, 2004). This ranges from private practice through to hospital and corporate settings. Highly structured corporate environments often provide more predictability than a hospital environment. Work pressure to meet certain deliverables is higher in corporate environments, although minimal individual

psychotherapy takes place in these contexts. A 'simpler' version of psycho-education may take place in groups such as with team building. In private practice, individual psychotherapy is very different to the way it is experienced in hospitals. Individuals in hospital settings are not considered to be clients but patients. 'Patients' usually have no choice about whether or not they want psychotherapy and therefore what appears to be resistance to psychotherapy can be contextualized as 'mental illness', relieving the therapist of responsibility. The private practice setting brings different complexities, with people paying for a specific and specialized service. This is vastly different compared to institutions (Viljoen, 2004).

In practice, client expectations and a lack of structure complicates the situation. In this context there are no job descriptions, company structures or mentors to coach new therapists, other than personal supervision. Psychology private practices are infinitely difficult for the new therapist to begin. Lack of correct or specific 'treatment' models often fuels feelings of insecurity, making it difficult for new therapists to feel justified in asking professional fees. In terms of available tools, psychological testing is also often not justified. Testing can be very expensive and is often at variance with the social constructionist or post-modern approach to psychotherapy. Although testing may be used at certain times, its use is definitely limited. Therefore, the only tool available to the post-modern therapist is the therapist herself (Coltart, 1993).

Although psychotherapy treatment methods and interventions are dealt with extensively in training, this is often not sufficient to prepare psychotherapists for the real life difficulty of the 'actual' psychotherapy context and accompanying societal perceptions. There is no real benchmark for psychotherapists to ascertain whether they are 'good' enough or performing adequately in private practice (Morrisette, 2001; Robbins, 1999). The only feedback available is possibly whether clients feel that their needs and expectations have been met in the sessions. Even this form of measurement is unreliable as it is skewed by client bias and does not indicate whether other factors are relevant. Very little validation in terms of emotional support is available and clients are often inhibited in giving the therapist direct feedback (Viljoen, 2004).

Deficit in meaning

The psychotherapist's ability to nurture, care and show compassion is continually challenged due to contextual difficulties. Many therapists express feeling exhausted and hopeless much of the time. Therapists experience the same pressures as other people, feeling swallowed by the collective for technological and financial progress. Pockets of meaningful communities become smaller in real life situations, yet a dialogue in search of meaning persists. This dialogue is not a call to inhibit technology and development, but rather to question if life is to be defined by technology alone. Finding meaning is about addressing the problems of modern living as well as about the language people use to create this future (Coltart, 1993; Stebnicki, 2000). Psychology should play a role in creating this dialogue, but without a dialogue of ownership this is difficult to create with clients. Clients continue to depend on the psychotherapist for the direction of the therapy process and abdicate their 'voice' in the process.

The collective lack of social ownership around language and discourse appears to be central in the role of censoring psychotherapy. Without an adequately agreed on language or discourse there is no space for a dialogue that challenges the dominant social discourse. All these factors impact and influence the future role of psychology in society and the potential effectivity of psychotherapy (Morrisette, 2001).

Burn-out and isolation

The lack of supportive language and social context for psychotherapy seem to be a major factor contributing to burn-out in the profession. Professional and emotional burn-out is not an uncommon phenomenon with psychotherapists (Viljoen, 2004). The conversations illustrated that the majority of colleagues showed some signs of career burn-out. The demands of constantly needing to be empathic are considerable on the therapist and at times even traumatic (Dryden, 1995; Miller & Birkholt, 1995; Stebnicki, 2000). Psychotherapy may thus adversely affect the health of the practitioner. In order to reflect on this process, distance is often created in relationships including social relationships (Horton, 1997). The constant reflection and distance can cause huge upheaval for the

psychotherapist, while awareness of personal issues may exclude the therapist from spontaneous and non-therapeutic interaction. Loss of intimacy due to feeling socially isolated and rejected also contributes to therapist burn-out. Psychotherapists are often traumatized by psychotherapy as it may exacerbate feelings of worthlessness (Morrisette, 2001).

O'Halloran and Linton (2000) as well as Morrisette (2001) speak about therapists losing sight of their own and their families' health and well-being. Often only after family problems or ill health occurs do therapists begin to realize that they have mismanaged their priorities. Many psychotherapists feel that therapeutic results are deeply unsatisfying with no clear outcomes. Lack of external gratification therefore becomes a primary problem for many practitioners (Goldberg, 1986; Sussman, 1993). Clients may also project hurtful emotions onto the therapist, even being abusive in the process.

Stress and secondary trauma are further relevant factors when working with very difficult cases, or high case loads. Psychotherapists often present with a wide array of stress related symptoms associated with their work (Coltart, 1993; Dryden, 1995; Sussman, 1993). These symptoms include depression, isolation, disappointment, empathy-fatigue, irritability, insomnia, and even psychosomatic symptoms such as headaches and muscle tension ranging through to chronic fatigue (Brady et al., 1995). The difficulties of therapy often lead to the feeling of being a 'social outcast' for many therapists.

The nature of the job is fundamentally a lonely space due to the solitary process between therapist and client; confidentiality and the inability to share the work experience with others further exacerbate this. This individual dynamic often leads to greater mystery and further misunderstanding of psychotherapy (Guignon, 1993). Viljoen (2004) describes the psychotherapy context as difficult and painful, presenting the young psychotherapist with the dilemma of a complex situation. Disillusionment and despair often becomes part of the therapist's make-up and personality over time (Morrisette, 2001; Sussman, 1995).

Expectations and fears

Linked to the concept of burn-out is the stressor of therapist accountability to the client's expectations. This is often linked to financial exchanges but also to relationship integrity and can be deeply intimidating and unnerving for the therapist (Berger, 1995; Horton, 1997). Therapists in practice often describe feeling a sense of looming failure and judgment from clients and themselves. This expectation is especially focused on the psychotherapist having all the answers to every possible problem or question (Morrisette, 2001).

Although certain client expectations are reasonable, others may seem unjustified to the therapist, requiring negotiation. A degree of expectation is also necessary in the therapy domain as it is a contractual space where certain principles and exchanges have to be negotiated and committed to. Clients may feel more comfortable letting down their guard and speaking freely when dialogue around expectations is opened up. Such dialogue also provides the therapist with flexibility allowing movement in the dialogue instead of 'fixing' or 'rescuing' the client (Berger, 1995). Therapists encounter difficulty with the idea that clients should not be 'rescued' which is particularly difficult as clients usually feel that they are asking to be 'fixed' or helped. This constant sense of expectancy often spirals into emotional exhaustion and frustration for both parties (Stebnicki, 2000). This struggle around doing something specific, or not doing the 'right' thing becomes part of the dialogue that therapists have to grapple with.

Therapists are often accused of just 'sitting and listening' or 'not really doing anything at all'; and that psychotherapy is an 'easy' or 'lazy' job is not unusual. This sense of blame increases the pressure to perform and opens the trap of 'doing' or rescuing. At some point or another most therapists feel self-doubt about the nature and worth of the psychotherapy they are offering and feel obliged to 'do' more, this is often aggravated by the lack of tangible results (Viljoen, 2004). Clients often raise the stakes for 'better' sessions by labelling sessions as 'good' i.e. 'useful' when the client perceives a direct trade of information for the money that has been paid, whereas 'bad' or ambiguous sessions are perceived to have less direct 'advice' or tangible outcomes.

The temptation to rescue clients puts therapists into the 'expert' role. This idea of the therapist as the 'expert' is based on a rigidified perception of the role of psychotherapist (Parker, 2004). The extensive focus on the expert position in psychotherapy primarily creates a hierarchy and power dynamic where the client hands over personal authority to the therapist. Robbins (1999) speaks about constantly feeling the pressure, both within and outside of therapy to be the 'expert' and to solve people's problems. Assuming the expert position is often out of the therapists own personal fears or anxiety of being judged as inadequate.

Many might argue that if the therapist cannot be the 'expert' then there is no point to the psychotherapy. Some would say that a good therapist would have to be an expert. Therapists are indeed experts, but not experts at forcing, knowing or pushing anything onto a client, but rather experts at facilitating relationships (Anderson and Goolishian, 1992). The goal at all times as a therapist is to develop the relationship between therapist and client, and most importantly that the dynamics of the relationship are explicit (Robbins, 1999).

Stereotypes and perceptions

Stereotypes and fears about psychotherapy prevail with people finding difficulty in conversing about emotional or mental health issues, these fears seem to stem from social stigmas or ridicule about psychotherapy (Viljoen, 2004; Witmer & Young, 1996). A primary thought pattern which affects people's sense of trust in the psychotherapy space, is the idea that it is for 'crazy' people, and the perception that psychotherapy is meant for people who belong in institutions. As a consequence of this, people are often labelled as 'weak' for attending psychotherapy. A shift in thinking is necessary to change this stereotypical stigma. Such a change will allow a more honest psychotherapy where people do not have to feel ashamed for attending psychotherapy.

If psychotherapy were perceived as 'positive', i.e. an empowering process that furthers the individual's well-being, not a questioning of 'sanity', then a person could be freed up to take responsibility for personal change. Such a shift could move society towards definitions of psychotherapy that are more useful. This

would move psychotherapy away from the idea that there is someone or something else to blame or to seek approval from (Wittenberg & Norcross, 2001).

The degree of relational difficulty that clients bring to psychotherapy, including anger, contempt or disrespect for the process is clearly excessive and out of proportion to what it should be if compared to social expectations of other professions (Owen, 1993; Robbins, 1999). A degree of anxiety or concern about being in psychotherapy is to be expected, however the extreme emotions and the magnitude of judgement citing psychology as 'psychobabble' are disproportionate to the actual process of psychotherapy. This discrepancy merits attention as it is not only a function of 'distressed' individuals, but clearly a symptom of the context at large. People are often afraid to be vulnerable and take a step forward in the face of perceived risk factors (Witmer & Young, 1996; Yalom, 1989). A safe therapeutic space is one where people feel that they can construct their change from within their own definitions in a context of support.

Contradiction in the therapeutic dialogues

The highlighted themes seem to represent the very essence of the dilemma felt by psychotherapists, i.e. a deep ambivalence about the perceived conflict between a dismissive or disrespectful social discourse about psychotherapy contradicted with great and possibly unrealistic expectations from the public (Wittenberg & Norcross, 2001). This seems to imply a need for a more appropriate language other than the current dominant narrative.

Issues that emerged from the literature and conversations point to influential dynamics on a macro-systemic level. These differing discourses are moving psychotherapy toward important choices and options within the field, coupled with concerns about the ethics of the positioning of the psychotherapist, i.e. therapists working more actively with conflicting discourses to present a useful narrative to clients. The change that is required is a shift in the general social dialogue and discourse around psychotherapy. Human beings, like most living organisms, appear to be resistant or afraid of change, often choosing to remain fixed, especially if change appears to threaten the accepted and known reality. However, when change is constructed and experienced as a choice from within,

the change process becomes one where growth could be experienced (Elsass, 1992; Frankl, 1959).

The multitude of experiences which reflect conflictual and possibly damaging discourses about psychotherapy cannot be ignored. However, to address these, a clearer understanding of these discourses is required, how they influence psychotherapy and what can be done to address them.

The following section further investigates the meaning and impact of these cultural and social discourses and how they apply to the world of psychotherapy.

Dominant social discourse as a socio-cultural phenomenon

Although the general concept of social discourse has been previously explored, a deeper understanding of how discourse and discursive practices link with social and cultural factors is required. Discourse formation and change therefore further contextualizes the patterns that have emerged from the different conversations.

Discourse formation in society

The work of Mikhail Bakhtin (1981; 1986), Michel Foucault (1980), and Michael Halliday (1989), seem particularly relevant to discourse formation. Each of these writers seems to have arrived at similar basic solutions to the idea of connecting discourses and events to larger social relationships and processes. Mikhail Bakhtin (in Lemke, 1995) was one of the people who attempted to construct a social theory of discourse. Bakhtin, along with Voloshinov and Medvedev (in Lemke, 1995) wanted a theory of language and literature that could recognize the social origin and character of the language, questioning the idea that language is merely an autonomous product of the individual mind. Vygotsky (1962) later also began to question the social origins of mind.

Bakhtin (1986) challenged the traditional assumptions of language by distinguishing the fundamental elements of language as a social phenomenon and not merely words, sentences or speakers. He claimed that,

"the actual reality of language or speech is not the abstract system of linguistic forms, nor the isolated monologic utterance, nor the psycho-physiological act of its implementation, but the social event of verbal interaction implemented in an utterance or utterances (Bakhtin, 1986, p.94)."

For Bakhtin (1986) an utterance or a moment of discourse becomes a social event and an act that contributes to the social activity of discourse. He spoke about meaning not arising in individual acts of will where people are the sole determiners of their statements. He said the verbal act,

"inevitably orients itself with respect to previous performances in the same sphere, both those by the same author and those by other authors (Bakhtin, 1986, p.95)."

Words or sentences always originate in and form part of any social dialogue; this is so regardless of whether the participants are actually present or only inferred.

"The linguistic significance of a given utterance is understood against the background of language, while its actual meaning is understood against the background of other concrete utterances on the same theme, a background made up of contradictory opinions, points of view, and value judgments (Bakhtin, 1981, p.281)."

For Foucault (1969; 1980) as well as Halliday (1989; 1993) the primary focus of discourse formation and change occurs within the community. This includes the social practices, habits and activities that are characteristic of a community, and not specifically of individuals. Foucault also views discursive formations as information about what people are saying and doing in a specific period of time. This is more about a system of actions, such as psychotherapy, rather than individuals.

"A discursive practice can be defined as ... a body of anonymous historical rules, always determined in the time and space that defined a given period,

and [which determines] for a given social, economic, geographical, or linguistic area, the conditions of operation of the enunciative function" (Foucault, 1969, p.117).

Vygotsky's (1987) work only became known during the 1960s. His critique of his contemporary, Piaget's (1971), cognitive constructivism led to the understanding of the importance of culture, language and context in the way that people process and construct knowledge. Piaget argued that people should create their own version of the truth, while Vygotsky (1987) added the important aspect that people should discuss their version of truth with others. He believed that this would lead to a higher order of socially tested truth (Derry 1999; Lloyd, 1993).

Bakhtin (1986) also distinguishes between the narrow or formal linguistic and semantic view of meaning and the broader, more social view. The former depends on specific features of the language itself. This is often called the semantic meaning of a sentence which tells one what it could mean across a variety of contexts. The latter social meaning is what the utterance actually does mean. Discourse is always implicitly dialogical, and speaks against a background of what others have said or written in other times and places. The dialogical nature of discourse inherently gives rise to a struggle; this struggle relates to the process of making a word or meaning one's own or with re-contextualizing or re-scripting a social event. The difficulty people have with re-scripting psychotherapy is an example of this.

The interconnectivity of social discourse

Bakhtin (1986) saw the diversity of language and how utterances from different times and places or different social positions are systematically different, even though some may sound the same. Bakhtin (1986) articulates the critical insight that all the different social discourses of different social groups have specific relations to one another that are also sociological. All the social relations of groups including their alliances of mutual support and their conflict, are created, re-created, and then continually re-negotiated in the social dialogue of shared discourse.

It is through discourse formations that we construct the objects of our reality, from particles to people. This is always done from some social point of view, with cultural beliefs, assumptions, values, interests and biases all included. This is also not as individuals alone, but as members of communities regardless of the discourse formations that are utilized to make sense of the world. It becomes evident from Bakhtin (1986) that social spaces form our thoughts and experiences and vice versa. People make sense of every word, utterance, or act against the background of other words, utterances or acts of a similar kind. This implies, of course, that it is very important to understand just which texts a particular community considers relevant to the interpretation of a particular text.

What Bakhtin (1981; 1986) calls social languages or voices, has been called discourses in this study and others (Derry, 1999). These are the persistent habits of speaking and acting, the characteristics of a social group through which different worldviews, beliefs, opinions, and social values are continually constructed. There is therefore no free, neutral or independent statement. A statement always belongs to a series or a whole and is part of a network of statements. There is also no statement that does not presuppose other statements (Foucault, 1969). These systems of meaning are the connection points of all statements to one another, according to different principles or conditions (Lemke, 1995).

Knowing that discourse is shaped by habitual patterns of behaviour helps a person to look into the activities of a community, which in turn assists with understanding the typical doings of such a community (Lloyd, 1993). Events are automatically interpreted against the background of other events of similar formations to see how they are distinctive from one another. Different formations are not just different to each other; they also always have systematic relationships to one another. These relationships define and are in turn defined by the larger social relationships of class, gender, age group, political affiliation and any other significant social division in society. This process is recursive with each level defined by its relationships to the other levels (Lane, 2000).

From the definitions of discursive practices, it can be deduced that discursive change requires that most of or a large part of a social community begins to change the way it speaks and acts. This definition speaks of discursive change as more of a cultural change or systemic change than purely a language change. Discursive change is not only in the domain of individual actions, although actual change may originate from an individual event. This is particularly relevant when applied to how psychotherapy and psychology are influenced by communal ideas and discourse.

Embodied social discourse

The theorist who has discussed in most detail how people of different social categories acquire their social habits is probably Pierre Bourdieu, the French sociologist (in Lemke, 1995). Bourdieu's (in Calhoun, 1992) largest contribution is that he differs from the Cartesian orientation. He takes the conventional domain of the mind, i.e. how people perceive and react to things, and makes them matters of the body, i.e. experienced as lived reality. This includes discourse. He speaks of culture and social relationships as directly embodied in a person.

Bourdieu (in Lane, 2000) noticed that members of different cultures not only speak differently, with speech including different languages and discourse formations, but that they also present themselves completely differently. This presentation includes how people walk and carry themselves, i.e. with a body positioning and orientation distinctive to their specific culture. This led Bourdieu (in Lane, 2000) to the idea that cultural and subcultural dispositions of many different kinds are literally embodied in people. People acquire these dispositions in the course of living and interacting with the social and material environment, however, not all people acquire the same dispositions due to different experiences. Ways of being can be described as specific to a disposition such as acquired by a sports person, or it can be as general as the dispositions that distinguish males and females, or workers and managers (Lloyd, 1993). This embodied experience holds the key to understanding most social and language phenomena.

For the most part, society's embodied reaction to the emotional, psychological, and metaphysical impulses and responses of human nature has been to deny, scorn or suppress them at almost any cost. This has been perpetuated over time by the continual reinforcement of this pattern and its connection to many other dominant patterns which keep it in place in society. These patterns repeat the same values and beliefs as before in ongoing cycles within the social system (Gergen, 2003).

Many of these entrenched values reflect a society of dichotomies and duality. The expression of these dichotomies in language reverberates through society's views on life.

Discursive dichotomies

The dominant narratives of society seem to espouse and perpetuate an ideological dichotomy in society. Bourdieu (in Lane, 2000) recognized this ideological divide or dichotomy, as well as the problems related to this. He particularly worked with the idea of the divide in society between the 'objective' and the 'subjective'. This is would also be the dominant versus the subjugated discourse, the masculine versus the feminine; or rational mind versus the emotional body. He attempted to overcome this divide in search of a balance between forces or energies, much like the yin-yang symbol, believing that neither side of a duality should or can in actual fact dominate. He was therefore striving for a socially collaborative dialogue and not a dominant monologue. He also applied this to his work on the relationships of social power among significant social groups and how one could overcome this.

Bourdieu's (in Calhoun, 1992) philosophy seems well suited to assist with bridging ideas and texts from individual events to larger macro-social structural relationships including dominant social norms. He proposed that while social evaluations may differ between groups in society, there are also general dominant norms of evaluation. These evaluative norms mostly belong to the dominant social discourse and are transferred between individual and macro contexts. This is illustrated where most people know what the dominant norms are, and speak or live in and around these within reason. The norms remain in place because of the overall power of the collective to maintain dominance in discourse as in all else

(Lemke, 1995). These norms also often perpetuate dichotomies or absolutes of right and wrong which may remain unchallenged.

Bourdieu (in Lloyd, 1993) has however been criticized for a discourse that still embodies a masculinist disposition. While Bourdieu was sensitive to the general social domination of females by males, he still tended to describe social life as a competitive struggle for profit and distinction. This is ironically, particularly characteristic of masculinist perspectives in the current social culture of consumerism (Lemke, 1995; Lloyd, 1993). In such a masculinist perspective little attention is given to the viewpoints and social life of the very young or the very old who are currently still the most invisible in the basic biases of intellectual culture (Lloyd, 1993).

Bourdieu (in Lemke, 1995) was one of the primary thinkers in trying to overcome the distinctions of difference, dichotomies and duality of the dominant social discourses.

The dominant discourse versus an emotional dialogue

The dichotomy in values around psychotherapy, as reflected in the language and behaviour of people, seems directly linked to the social struggle with duality. The narratives described in this chapter represent a fair experience of this dichotomy and the struggle that psychotherapists have with this.

Most therapists felt that the world of emotional language required for psychotherapy is not understood, accepted or respected. People express deep suspicion or ambivalence, and express fears about the role of psychotherapy (Derry, 1999). The social perceptions lead one to believe that the fear of psychotherapy is linked to social and cultural perceptions of mistrust of the profession, which have perhaps become embodied over time as people have possibly felt threatened by the unknown aspect of the profession (Lloyd, 1993). The fears and judgments relating to psychotherapy and emotional exposure seem to link with the imbalance between the dominant and subjugated narratives of

society. The dominant narrative speaks of suppressing or rejecting psychological values, where the subjugated narrative speaks of embracing psychological values.

The dominant discourse could be equated to a masculinist narrative while the subjugated discourses present more of a holistic approach and narrative in society (Popadiuk, 2004). The known embodied and often masculinist discourses seem to perpetuate a belief in duality, which influences attitudes towards psychotherapy.

Dominant masculinist discourses versus subjugated holism

In the Western tradition's strong tendency and discourse to divide the world into dualities, that is either/or realities; the world has become known as an accepted manifestation and expression of these dualities. These dualities seem to be inescapable, and are often expressed as opposites which appear to be in competition with each other to find balance and meaning (Brooks & Edwards, 1997). One of the expressions of this is the divide between the rational and the irrational world, or thinking and feeling. Descarte's reality is an example of the rational, resonating with an external, material world with Industrial values – i.e. modernism. This externally based viewpoint could be equated to a world of masculinist thinking. Contrary to this would be the discourse of the Information age – i.e. post-modernism. The information age appears to resonate with what could be considered feminine and holistic values. This is not so in the sense of actual genders, but rather in the sense of opposing energies (Kohanov, 2001).

The concept of dominant versus subjugated narrative (or masculinist versus holistic/feminist) could also be described as the split according to logic versus emotion, positivist versus collaborative, material versus spiritual values. In a world of empirical dominance, many beliefs subscribe to a world of cause and effect or observable phenomena. Phenomena which are hidden, or 'non-objective' are difficult to prove or define and therefore less favoured or supported by society. In a world of observable phenomena, many people find it difficult to express their views on emotions and feel overwhelmed by the dominant rhetoric against this (Gergen, 2003). This separation causes much conflict, when in essence balance between the dualities could represent harmony and fluidity.

However, there does not seem to be space for a language that expresses emotional concepts, as this is usually not considered desirable in the dominant narrative. Despite the changes in society relating to a growing awareness of psychological concepts, emotional language and accompanying concepts are often rejected (de Vulpian, 2005). This contributes to the subsequent denigration of ideas supporting emotional wellbeing in favour of upholding empirically based values. When it is understood how clearly the dominant narrative is embodied, filtering thorough every day life to all levels of living, it becomes more evident how deeply this dynamic could influence the substructure and psychology of people's beliefs (Lane, 2000).

Historically, through the expansion of the masculine or machine-age values the expression of the feminine ideal or voice has largely been lost. It is only in the current knowledge-age that this is regaining recognition as a valid discourse (Haggerty, 2006; Rosenau, 1992). Psychology has always been one of the main arenas of discussion for issues of power and gender to be voiced or challenged. This has become especially relevant in the postmodern feminist tradition where gender roles and power dynamics have been strongly voiced as perpetuated by a male dominated society (Brook & Edwards, 1997; Popadiuk, 2004). Clear masculine approaches are used where people speak about the showing of emotions or grief as 'breaking down'. This language becomes deficit in nature (Gergen, 2003).

Many of the descriptions in these two polar opposites can be grouped together under the rational versus the irrational. A useful illustration of how to transcend these opposites is through the understanding of the eastern concept of yin and yang.

The yin-yang principle

In terms of the eastern philosophies these dualities are described as yin-and-yang energies, or masculine (yang) and feminine (yin). The Eastern idea of the yin and the yang, representing masculine and feminine provides a good description or metaphor for this. The ideal is the masculine and feminine meeting in a way that

is constructive and balanced (Kohanov, 2001). These definitions are a useful description for the discourses of the West as the world appears to be defined and ruled by definitions clearly separated by masculine and feminine energies (Kohanov, 2001). Yin and yang are commonly known and accepted terms and description of these opposing yet complementary energies in life, and are found in every aspect of life.

The dual concept of yin and yang, or the single concept 'yin-yang' originated in ancient Chinese philosophy and metaphysics. These concepts describe two primal opposing but complementary principles said to be found in all non-static objects and processes in the universe. The West often misinterprets this as a duality (Legge, 1963).

The yin-yang symbol



'Taijitu' the traditional Eastern symbol representing the forces of yin and yang (Marshall, n.d.).

Yin literally means shady place or the dark element; it is passive, receptive, feminine, downward-seeking, or night. Yang literally means sunny, the bright element, active, light, masculine, upward, and day. Under yang all the principles of masculine are represented. Metaphorically this would be the sun, creation, heat, light, Heaven, dominance, and so forth. Yin is symbolized by water and earth while yang by fire or wind. Yin is the receptive, yang the active - descriptions of complementary opposites rather than absolutes. Any yin-yang dichotomy should be in movement and balance rather than absolute states or

stasis. Under the yin principle would be all the aspects of feminine, the moon, completion, cold, darkness, material forms, submission, and so forth (Legge, 1963).

Each of these opposites inherently contains and produces the other. Heaven creates the ideas of things under yang, while the earth produces the material forms under yin. Creation occurs under the principle of yang, while the completion of the creation occurs under yin. This production of yin from yang and yang from yin occurs cyclically and constantly, so that no one principle continually dominates the other or determines the other (Legge, 1963).

Yin and yang do not exclude each other. Everything has its opposite although this is never absolute, but only relative. Each contains the seed of the opposite; holism at its best. All opposites that can be experienced, such as health and sickness, wealth and poverty, power and submission, can according to this analogy be explained in reference to the temporary dominance of one principle over the other. Winter turns into summer. The concepts are interdependent as they cannot exist without each other. Since no one principle dominates or should dominate eternally, it means that all conditions are subject to changing into their opposites (Estez, 1992; Kohanov, 2001).

This cyclical nature of yin and yang and the opposing forces of change in the universe therefore mean several things (Smith, 1958). Each can be further subdivided. Any yin or yang aspect can be further subdivided into yin and yang as they consume and support each other. Yin and yang are usually held in balance: as one increases, the other decreases. However, imbalances can occur (Legge, 1963). Excessive yin or yang is viewed as undesirable though. All phenomena eventually flows and changes into its opposite, in an eternal cycle of reversal, with the one principle producing the other, all phenomena have within them the seeds of their opposite state. Even though an opposite may not be seen to be present, since one principle produces the other, no phenomenon is completely devoid of its opposite state. One is never really healthy since health contains the principle of its opposite, sickness. This is called 'presence in absence' (Kohanov, 2001).

The yin and yang represent all the opposite principles found in the universe, i.e. a symbol for all possible dualities of dominance and submission. The secret of the symbol is, however, to overcome duality in a fusion of unity, representing balance and not dominance (Kohanov, 2001). It is only through balance that growth is achieved. This is possibly where the West has struggled, in that dominance or 'winning' of one principle over another is always favoured and believed to be right or absolute. In Western culture the dichotomy of good and evil is often taken as a paradigm for other dichotomies. In Chinese philosophy the paradigmatic dichotomy of yin and yang does not generally give preference for moral superiority to one side of the dichotomy and evil is merely an imbalance in the energies, not a static reified entity (Legge, 1963; Smith, 1958).

The concept of extremes of energy being undesirable has not been embraced by the West. This imbalance is possibly what underlies many Western problems. The yin-yang concept is a good metaphor for discourse, as dialogue should always be emerging and allowing of the other, never dominating exclusively.

Transcending dualities in society

The Eastern concept of yang-male and yin-female presents an opportunity for the transcendence of dualism. This is specifically relevant to the Western concept of absolutes and exclusivity, i.e. where concepts or ideas are boxed and pigeon-holed into specific or reified entities. Concepts of either/or are common in the West. Views which take on one-dimensional perspectives such as monologues could be considered to be out of balance. These influence the mainstream dialogues which become the new social discourses. If modernist concepts were to be interpreted through the philosophy of yin-yang, this would equate to the imbalance between the power of consumerism and capitalism dominating the energies of collaboration, connection and communication. These themes of power and dominance in society have, however, been around for a long time, and are of the oldest themes and discourses in history (Dowding, 1996).

In terms of history it is commonly known that prior to the last millennium the world revered the female as well as the male form as a symbolic expression of the balance found throughout nature and life (Estez, 1992; Lloyd, 1993). However,

this all changed during the domination of the Christian and Western civilization. This dominance was largely linked to the relationships between desire for power and the prevalence of an overdeveloped masculinist discourse as expressed in politics and religion (Montgomery, 1995; Shaw, 2002). Most feminist or alternative discourses became subjugated in this process, and the remaining subversive feminine discourses were obliterated through violence and brutality.

During the latter millennia, the desire for power, land ownership and wealth contributed to this increasingly violent society; while economic growth and leadership were encouraged and developed, humanitarian plights were often silenced. The economic growth that took place often did so to the exclusion and even persecution of women or other vulnerable and subjugated groups (Popadiuk, 2004; Sanday, 1981). It is only in the recent century that these subjugated discourses are re-emerging and becoming heard, challenging these dominant narratives. A notion of human nature has been constructed based on views respecting certain qualities to the exclusion of others, which in turn becomes the dominant discourse (Zohar & Marshall, 2004).

Psychology has in the past been one of the mouthpieces for voicing the impact of this male dominant discourse on the female psyche, as well as on the male psyche (Popadiuk, 2004). The dominant male discourse is seen in many narrations where stories perpetuate the strong male heroes and submissive females, or alternately females which represent evil forces (Estez, 1992). Women's experiences further confirm this, where many women's stories remain untold as female authors were suppressed in the past. Very few coherent public narratives exist that enable women to claim a more complex identity than the polarized identities of heterosexually good or bad woman, e.g. there are no narratives in which sexuality or identity is clearly linked to intellectual, spiritual or other alternate values. There are also very few narratives of women being able to embrace leadership. Instead, there is only the dominant narrative of marriage and family and the counter-dominant narrative of a subjugated and isolated single or different minority (Brooks & Edwards, 1997).

This discussion is not about being anti-masculine or pro-feminist in position, it is rather about the impact that the masculinist dominant discourse has had on

modern culture. Recognition of this is important as this is a powerful discourse which has played a role in shaping significant Western paradigms. Many of these paradigms still rule and are only being challenged very slowly; e.g. the rationalist, empirical tradition which has no doubt propelled the world into technological development, but in an unchecked state will imbalance the world through modern consumerism (Lemke, 1995). The dominant discourses of power have clearly had an effect on psychology, with psychology originally dominated by medicine and the linguistics of male dominance. Sciences which do not necessarily understand cultural complexity have been used to make plausible claims about the universality of language and mind in people's lives. These sciences often adhere to rigid empiricism, quantification and predictability to the exclusion of human intuition, equality and respect.

In terms of the influences that these paradigms have on the current world context, it is apparent that the masculinist principle is primarily practiced in the corporate world as expressed in the focus of being goal-orientated, ambitious and financially driven. This is gradually beginning to change with the emphasis beginning to emerge on transparency and integrity in business (Senge et al., 2005). Much is happening in the corporate world to promote collaborative discourse. This is also reflected in the growing need for psychology in the corporate world, and the expansion of consulting psychology at work (Levi, 2005).

In psychology this masculinist imbalance can be observed with the preference for empiricism remaining, along with and a continuing disdain for the 'softer' approaches. The paradigm shift that is slowly occurring toward a more holistic perspective reflects the gradual influx of feminine values or alternative dialogues. Intuition, spirituality, respect, connectivity and subjectivity are being recognized and gradually gaining respect. The idea that 'subjectivity' may be relevant, is supported by quantum physics which has shown the relativity of all experiences, to the degree of an observer influencing the outcome of an experiment (McTaggart, 2002).

The dominance and emphasis of the masculine or external world above the feminine, holistic or internal world describes the imbalance of focusing on a discourse representing quantifiable-consumerist values to the exclusion of a

narrative representing emotive terms. A society espousing a balance and flow between different discourses and energies would provide greater opportunity for dialogue and movement. When unchecked and unchallenged, the dominant narrative or energy translates into an oppressive discourse, risking the erosion of collaborative discourse and a holistic community (Sandow & Allen, 2005). Transcending duality will go a long way in terms of overcoming the oppressive dominant narratives.

Beyond dualism: a collaborative discourse

If we understand society to be constructed and reproduced through dominant and shared narratives, then an important tool for social change is the re-scripting of these narratives. However, it is not possible for a single person to re-author a social narrative, although single narratives contribute toward perpetuating a dominant narrative. For a narrative to have the power to endure, it must be collectively constructed and reflect the experience of a group of people (Brooks & Edwards, 1997).

To have the courage to experience life as different from the dominant narrative is a frightening experience. However, if this experience is supported by a strong counter narrative, then the space to live an alternative knowledge or 'knowing' becomes possible (Kenny, 1999). A single narrative that is at odds with the dominant one either fades away or brands itself as mad. However, when experiences and feelings remain unarticulated and undefined, people begin to know or experience themselves either as misfits or outcasts. The assumed power of majorities as well as the loss of power of the minorities has to be challenged and questioned.

The power of an inquiring discourse is that it enables subjugated knowledge to be voiced. Subjugated knowledge can either become subversive, contributing to the disruption of the dominant narrative or it can stir new thinking. In this way knowledge that was undefined and private can become articulated and shared in public spaces (Brooks & Edwards, 1997).

These themes appear relevant to the current discussion in the sense that power dynamics weave their way into psychology in a frequently invisible way. The invisible power dynamics exist around many themes but especially around the masculinist-feminist dichotomy. This theme extends to include most health issues, where in the dominant masculine discourse it is not acceptable to struggle with relationships, be too affected by grief, or exceedingly stressed by the corporate world. This dialogue leaves no space for depression or other difficulties; while it is still frowned upon or spoken of in hushed tones when someone goes to a therapist (Ball, 2005; Gergen, 2003; Owen, 1993).

Although these attitudes are slowly changing with more people ready to admit that they go to therapy, the stigma and potential criticism attached to attending psychotherapy still exists (Owen, 1993). Whether these fears are perception or not, it does not change the status quo that in the mind of the average person therapy is often still seen as a sign of weakness or instability. This is a powerful dynamic entrenched into the collective social psyche. Practitioners certainly can and do attempt to re-script these discourses with clients. However, this is often very difficult as people are embedded in this discourse at a daily level. Challenging this status quo is also very difficult to do when the language attached to this different dialogue is underdeveloped or undermined. A more expansive dialogue encouraging psychology is necessary; this would include more respectful language and expressions concerning emotions and psychotherapy.

Language which is more inclusive would look for greater balance in social discourse, where people can express and communicate their need for connectivity and moral conscience (Covey, 2004). This dialogue would include a redefinition of what it is to be 'strong' and how this definition affects psychotherapy. It would further include finding personal integrity or personal truth for the therapist and the client, and respect for the natural cycles by which all people live, i.e. and an understanding of life in terms of loss and grief, birth and life.

From the literature and the conversations which took place it seems evident that the language used within and around the field of psychology is mostly problematic. While this language creates many disruptive feelings such as disrespect, the profession also needs to take ownership of this. It would not be inappropriate to

say that psychology requires a different language for therapists and public alike. This discourse would also involve changing embodied attitudes as Bourdieu (in Lane, 2000) referred to. The social discourses around how human beings function on an emotional level and what they do to address this, seem to form a foundation for the issues underlying psychotherapy difficulties and concerns.

Conclusion

The concerns around social discourse bring to light questions of how psychotherapists should move forward in society and position themselves to be most effective in the profession. In the process of psychology positioning itself in society, observing the societal processes in the therapy room or commenting at a distance is not enough. Therapists are at the central hub of the issue about positioning and awareness of psychotherapy, and share a responsibility in how they present themselves to clients, to the professions and to the public. This implies a responsibility in the dialogue that is used, which helps to create and maintain the perceptions in the therapy process and the surrounding systems.

Therapists cannot claim to seek preventative measures of treatment and therapeutic empowerment if they maintain a power position of silence concerning these issues. Guarding their knowledge for fear that sharing it may open the profession up to a vulnerable position of scrutiny in society will prevent forward movement. In spite of this element of social unpredictability or judgment, there are many conversations and contexts which can be negotiated. Perhaps it is time to re-consider and to challenge the closed dominant dialogues that keep the social power bases in place, and open these dialogues up to a much larger social discourse. A complete epistemology of therapy must therefore look at how both the client and therapist construct a 'therapeutic reality' within the constraints of the dominant discourse (Sanders & Arluke, 1993).

As the role of language in psychotherapy has evolved, words such as 'authentic' and 'integrity' have become focal descriptor words (Brown & Isaacs, 1997; Senge et al., 2005). These processes and words focus on what influences people to become aware of, or reflect on who they are or what they believe in. This idea

extends to include the notion of a person's epistemology, drawing on Gregory Bateson's (1979) ideas of epistemology. Knowing how one defines oneself is a profound process linked to engaging and changing one's life in an authentic manner. Understanding and harnessing this may expand the person's constructions of meaning and change. However, regardless of the individual's intentions, meaningful psychotherapy cannot flourish in an ecology of antipathy towards psychotherapy.

Meeting client needs can often spiral into dilemmas as complicating factors play a role in providing this service to clients. To understand this dilemma, the issues need to be examined on different levels. Due to the complexity of any system in question, this defined area of exploration has many dimensions to it and is not a simple, one-dimensional study. Truly knowing what psychotherapy is and delivering it in a way that is effective, ethical, fulfilling the expectations of the clients while avoiding criticism is a tall order. To know what influences this and to have a dialogue around this could be deeply beneficial to most psychotherapists.

The concluding chapter takes the final step in the discussion on social discourse and psychotherapy. This chapter explores the possible ways forward in addressing the disparaging discourses about the role of the psychotherapist. The chapter also makes the link between the dominant discourse and the effect of this on the South African public and psychotherapist. The final chapter concludes with recommendations for a way forward.

CHAPTER 10

CONCLUSION AND RECOMMENDATIONS

*The real voyage of discovery lies not in seeking new landscapes,
but in having new eyes.*

Marcel Proust (in Brown & Isaacs, 1997, p4).

A new perspective

It has been proposed that contextual and ecological factors play a pivotal role in psychotherapeutic effectiveness and outcomes. These ecological factors extend beyond social trends, dominant discourses and cultural philosophies. They reach into the deepest paradigms on which current Western civilization is built, leaving humanity poised at a point of transformation in the history of human perception.

The Industrial Age's fading mechanistic views taught that life or objects were static. In the past this was expressed in the belief that achievement or positive outcome is a function of individual contribution. This view is shifting in the emerging Knowledge Age, to define real contribution and meaning as a social phenomenon which teaches that life itself is constantly changing and evolutionary (Brown & Duguid, 2000). This unique way of thinking and understanding knowledge and life has extensively influenced psychologists. These ideas extend into a new realm where intelligent action is created in and through social systems and not merely in individual minds or spaces (Sandow & Allen, 2005).

"We have thus passed in less than a half-century from a monolithic, hierarchical society of massive blocks to a society that is complex of inter-weavings, a living, self-structuring entity" (Levi, 2005, p.8).

The Industrial and Knowledge age appear as contradictory paradigms which are overtly expressed in social discourse (de Vulpian, 2005; Parker, 2004; Stanovich,

2004). In understanding society to be constructed and reproduced through conflicting paradigms, the importance of an expanding dialogue for social change is highlighted. Previous chapters discussed these phenomena and how they influence people's expectations and experiences of psychotherapy (Jaworski & Coupland, 1999; Montgomery, 1995; Morrisette, 2001).

An understanding has therefore emerged that effective psychotherapy outcomes are more reflective of the surrounding ecology and changing culture than of any therapeutic application (Ackerman & Hilsenroth, 2001; Lambert & Bergin, 1994).

Social transformation

Society is in the midst of one of the most significant transformations in history; knowledge and innovation have become of the most important resources in a rapidly changing world. At the heart of the transformation lies a shift in perception of how things should be done (Sandow & Allen, 2005). In the Industrial Age, value was found in manufacturing products through the manipulation and application of physical sciences. Mechanistic philosophies created practices of separation, with reductionism dominating people's lives. This also influenced the social sciences as it became embedded in people's thinking (Stivers, 1994).

This was the beginning of production and consumerism. The modernist consumer culture gave rise to a daunting pace of life where many people feel that society is fundamentally flawed, reflecting a dramatic rise in social problems. Conditions that usually affect marginalized people, such as homelessness, violence and addictions have become daily occurrences (Slouka, 1995). Stress related illnesses are widespread and common. The lack of emotional legitimization and the high levels of social consumption have led to the modern sickness of disconnection (Levine, 1996).

Levi (2005, p.20) speaks of this disconnection,

"We are at a crossroads in human evolution. We have arrived on the doorstep of the 21st century in great global disarray. Anxiety, hate, terrorism and war are pervasive themes of our time. We live in fear, and our relationships with one another reflect this under-current. We mistrust others in personal dealings and group dialogues on important issues, affecting our collective future we are marked by scepticism and competition for perceived scarce resources. Our media captures and magnifies all unsettling detail. This is collective dissonance."

Western culture reinforced collective dissonance when it turned its attention away from sensations and emotions to concentrate on the clarity of the intellect. It emphasized the visual and the rational at the expense of other senses and deprecated emotional experiences as sinful or demeaning. This repressive approach is reflected in the need to segregate and quantify all human experiences.

The paradigm shift which is occurring, speaks of 'collective resonance' instead of 'dissonance'. Occurrences of resonance happen every day for individuals as well as groups. Situations and people seek to come together and experience connection, an experience of being in the flow or transcending personal limitations. Collective resonance speaks of a collective connection, i.e. on shared intellectual, emotional, physical and spiritual levels. This is described by people as a feeling of shared energy, rhythm and intuitive 'knowing'. These feelings or senses often occur in groups and positively affect the interaction of the whole; often working toward a common purpose. The word resonance captures the sense of sound vibrating and is associated with re-sounding something, indicating a flow of energy between two or more things or people (Levi, 2005; Sandow & Allen, 2005).

In psychology collective resonance or 'connection' is often used to describe empathy between human beings. In eastern tradition it refers to the sense of oneness with the universe, or the integration of the yin-yang energy. This experience of oneness fuses perceived opposites of male and female, mind and heart, science and spirit. In resonance, balance and wholeness become fundamental to all healthy systems, and essential for success in all spheres

(Childre & Martin, 1999; Levi, 2005; Lynch, 2000). This concept integrates reason and emotions, while body and soul are no longer separated.

These dynamics emerged as people started striving for self-organized societies, with a greater focus on personal initiatives. Individuals strove towards emancipation and personal happiness, challenging taboos in the process. People sought multiple sensory experiences, developing clearer perceptions. The experience and importance of micro-happiness such as moments of being present, the importance of 'the other', 'connection' and close contact became more important. People have become more open to life experiences, expressing personal autonomy through this (de Vulpian, 2005).

The move towards personal liberty is a break from the constraints of society and pushes beyond escaping physical limitations or social conditioning towards an evolutionary leap in consciousness (de Vulpian, 2005). This change is profound, affecting values, customs, people, economies, biology and society. People are affirming their right to exercise their minds independently from dogma (Senge, 1990). Through this, deficit interpretations are being disintegrated and deconstructed. People are more aware of their actions and motivations, no longer seeing themselves as passively obedient to convention, subjected to authority, or blindly following regulations. To create a life filled with well-being and meaning, people and society have to transform.

Transformation begins with the struggle to emancipate from enforced patterns, habits and traditions. It is, however, not possible for a single person to create this narrative. For a narrative to have the power to endure it must be collectively constructed and reflect the experience of a group of people (Brooks & Edwards, 1997). The dominance and emphasis of the masculine, rational and external world above the feminine, holistic or internal experiences, represents the imbalance of focusing on one belief or discourse to the exclusion of another. When unchecked and unchallenged this energy translates into an oppressive discourse, risking the erosion of collaboration and community (Shah, 2006; Slouka, 1995). Transcending duality is thus the springboard for transcending oppression.

Through the new paradigm, the regulation of social order is changing. Historically this was regulated by conventional authorities, shared ideologies and formal organizations. Human beings have tended to fluctuate between liberal and authoritarian forms of organization. During the 20th century specifically, certain forms of authority sought to exercise control over all aspects of human life. These authorities attempted to segment life into clearly defined masses or categories which were structurally simple, defining clear social order. Current society is, however, more complex and challenges this authority. It is an infinite Web's interdependence which self-organizes and self-regulates, leading to chains of relationships that involve actions and innovations, people, as well as whole systems (Giroux, 1996; Postman, 1985).

In this web of connection, psychology has become part of a living society, representative of the 'immune' or repair system, communicating with the larger living organism (Sandow & Allen, 2005). The complex and evolving society of the new paradigm is like all living things, potentially the seat of pathological processes. The therapeutic procedures, regulators or immune systems are still developing and not yet properly effective. This is often because many conventional powerful enterprises do not interact with society as a living entity. "They are more interested in displaying ideologically partisan, hierarchic or predatory attitudes, rather than therapeutic, interactive ones" (de Vulpian, 2005, p.31).

Governance that works requires a society or organization which is mutually selective with reciprocal learning and collaboration (Senge, 1990). The practice of democracy and psychotherapy depend on dialogue and communities of research to enliven their processes.

Living systems and legitimization

Having emerged into the knowledge age, people are recognizing how value and meaning creation breathe life into different systems (Sandow & Allen, 2005). This paradigm transformation was foreseen and outlined long ago by Gregory Bateson (1951). He described the paradigm shift as a different lens on the world, i.e. focus shifts from parts to the whole, categories are replaced by integration, linear

interactions expand to multiple interactions, and the observer becomes the observed.

A further contribution to these ideas came from Humberto Maturana, who co-authored "Autopoiesis and Cognition: The Realization of the Living" (1980), with Francisco Varela. They describe knowing as a perspective of living systems, and that living systems are described from a perspective of knowing. Knowing is therefore defined as 'doing' and the coordination of action, and learning occurs through people reflecting on their actions (Piaget, 1971). By applying the principles of biological science or 'life' to social systems, it becomes evident how networks self-organize to generate knowledge and create value (Maturana & Varela, 1987). Social learning and change can therefore be seen as the collective reflection of people's coordinated actions.

These social communication networks occur when all people in a system are accepted and viewed as legitimate participants in the network (Maturana & Bunnell, 1998). This legitimization is largely created through dialogue and collaboration. Legitimization encourages innovation and growth, and is also expressed through discourse. The process of legitimization acknowledges people's personal views and experiences; the new paradigm considers legitimacy and mutual acceptance to be the natural order of humanity and society. Conversely, modernization of society seems to have created processes where people negate one another. Legitimacy speaks of inclusion instead of deficit perceptions, and meaning creation not consumerism. This collective co-ordination of people's action leads to knowledge creation; this is social collaboration.

Collaboration – social medicine

In the Industrial Age value was created by managing resources, this happened through networks of ambition. These networks lacked trust and often bred fear. Supplanting fear can only take place gradually as emotions gain respect, appreciation and legitimacy (Covey, 2005; de Vulpian, 2005). In the Knowledge Age value is created through collaborative relationships, these are social systems which create knowledge, generate possibilities and build trust. In networks of

ambition, people are afraid that they will look 'bad' or fail to please (Sandow & Allen, 2005). This corresponds to the dominant deficit discourses in society. In collaboration, networks of relationship, like language are innate building blocks of social, individual and therapeutic development. In human systems, the quality of perception is inseparable from the quality of collaboration; it is rather about the coordination of action arising in networks of social interactions.

"Collaboration is simply the social coordination of action around a shared purpose" (Sandow & Allen, 2005, p.5).

Collaboration requires openness, knowledge and innovation. Shared meaning is critical to collaboration and the flow of knowledge; as people become more curious about each other and interested in learning about connection, they also learn to listen. In this, 'trust' grows and becomes the silent connector of all social networks. Conversations become deeper, revealing and generating more knowledge. People cannot, however, be forced to share knowledge, as learning from others is a privilege. This privilege is conserved through maintaining trust. Lack of collaboration leads society down the road of resource depletion, reinforcing internal competition and diminishing social connection (Senge et al., 2005).

The source for future growth will be through collaborative action which takes place through collective reflection. This is the beginning of new understanding and new practices that can improve collective value and meaning creation for all. This occurs through dialogue, the practice of which is to understand and be discerning about power and to create trust by shedding presumptions. Dialogue calls on people to listen and be listened to with respect, to allow uncertainty, and to hear something new, so that that which is not yet apparent may emerge (Levi, 2005). This process of dialogue and trust in society will open a door for the expansion of public trust in psychotherapy.

Psychotherapeutic effectiveness depends on the quality of social relationships. Distance between people creates distrust and feelings of risk, jeopardizing relationships and consequently people's awareness levels (Yalom, 2005). Conversely, when relationships of trust are built, allowing open, honest and vulnerable communication, people's ability to sense and respond to complex and

changing environments grows. Allowing the 'other' to be legitimate is thus the only emotion that expands intelligence on all levels (Brown & Isaacs, 1997).

Conversation is the core process through which psychotherapy and the future can evolve. In this resources lie in the circle of the unexpressed and problems are no longer expressed as fixed realities. Problems are rather seen as constellations of mutual interpretation which may 'dis-solve' through the discovery and creation of new meanings explored through conversation (Childre & Martin, 1999). This transcends the self to embrace that which is larger than self and is informed by the larger sphere. This dynamic of engaging the collective intelligence of networks is characterized by natural rhythm and energy. A conversation sparks other conversation, moving through a web of connections alive with energy. This living energy jumps across the traditional boundaries of thinking into the collective 'field' of multiple emergent possibilities. The evolving conversation allows new forms of action to emerge from the multiple possibilities which are opened up or created (Brown & Isaacs, 2005).

This work holds both micro (personal and interpersonal) and macro (collective) dimensions in a delicate balance, and creates implications for how a practitioner makes choices or focuses on a system (Lynch, 2000). It requires the practitioner to place attention simultaneously on the deep cycle of learning within individuals and small groups, as well as on the processes of consciously creating infrastructures that enable connections at increasingly complex levels of different systems. The wisdom is thus ultimately embedded within the system.

These paradigm shifts are also reflected in South African society, which is caught between divergent beliefs in the process of transformation.

Psychological concerns in South African society

South Africa emerges from a dominant discourse of control and oppression. This is a discourse which has lacked consideration for humanity and rendered life dispensable. Despite enormous change, the country remains largely immobilized by deficit perceptions and feelings of helplessness (van der Pluym, 2004).

Although many people are attempting to initiate and sustain new dialogues, deficit conversations dominate, focusing on crime and the degradation of the country. The grip of violence, fear and negativity in society has given rise to a maelstrom of turbulence in the midst of change and transformation. This reality of living in separate bubbles, with pockets of identity, leads to displacement, dislocation and nihilism. It is therefore not a coincidence that this has been reflected in social views, where an incongruence and ambivalence exists around the systems of change in the country (Krog, 1998). This incongruency is juxtapositioned against the past voiceless fears manifesting in problematic systemic communication.

This division and tension in the country is also reflected in psychology. Kagee (2006) states that South African psychology is in a crisis of dissolving into disrepute and invalidity due to the lack of rigorously applied techniques, risking loss of public respect in the profession. Kagee (2006) makes a strong claim for the inferiority of all techniques and approaches other than that of empirically researched and standardized methods. He further criticizes the use of clinical intuition, stating that it is repeatedly shown to be inferior to actuarial methods of measuring psychotherapy outcomes. This assumption is based on the belief that psychology is purely a science, with little understanding for the cultural, anthropological or social context of psychotherapy. It is also mute to the growing international shift and recognition of Knowledge Age 'intuitive' approaches toward change, communication and psychotherapy (Keeney, 1983; Senge et al., 2005; Yalom, 2005).

The call for greater quantification fails to address the concerns about psychotherapy or bridge the divide in people's epistemologies. Empirical arguments often ignore the vital detail that people are flexible context-bound entities and not programmable machines. The empiricist insistence on rigorous measurement rather assumes a powerfully 'correct' position in research and society; mirroring Industrial Age 'force'. This reflects the values which first oppressed the country (Hawkins, 2002; Rosenau, 1992).

South African psychology may well be in a crisis, but perhaps it is not due to a greater need for rigidifying people's experience, but rather due to society's lack of understanding and support for psychology and humanity (Lazarus, 1998). Many

professionals feel hopeless in the current rhetoric; fearful communication serves to cement social immobility. A more transparent dialogue between different social sectors could encourage hope as people envisage paths for change and unification. This would be a dialogue of collaboration and legitimization, as opportunity is born out of dialogue. These conversations are slowly flowing into South African society, working toward emotional integration and unification in the country (Krog, 1998).

The general violence and fear in the country is a reflection of the subjugated voices of the past, an expression of subversive narratives where denial has led to 'imbalance'. The voiceless anger of the past will only find resolve in transparency and collaboration, as the country and its psychology reach out towards unity and integration, or disintegration in the absence of collaboration.

Recommendations

There is no correct 'map' when approaching a new dialogue or paradigm shift. Interventions aimed at large scale change often begin with informal groups and only with time become adopted on a larger and more formalized scale. A beginning point in this is the building of equitable relationships (Kleiner, 2005). These recommendations are merely a starting point in a dialogue aimed at facilitating social collaboration and legitimizing psychology in the minds of the public (Clegg, 1998; Gergen, 2003).

Raising public awareness through collective collaboration

A collaborative dialogue is required to expand public awareness regarding the role of psychotherapy. Awareness can be facilitated through a focus on educating and informing people about the nature of psychotherapy. Mental health and well-being should become personally relevant to people, as ignorant thought patterns are as debilitating as other pathogenic agents in society.

The conscious convening of groups through practices that enable resonance is an important aspect in this awareness. Using storytelling formats, incorporating questions that invite honesty and self-connection and providing opportunities for relationship-building are important aspects to encourage 'resonance'. Attending to

the places or spaces in which groups convene, taking time for silence, dialogue as well as action assists with collective collaboration. Clarity about expectations and purpose, encouraging sensory aspects and creating emotional safety are also ways to craft environments which cultivate collective resonance (Childre & Martin, 1999; Lynch, 2000).

Custodians of transformation

Certain groups or organizations could assume responsibility for spearheading social transformation.

- Professional bodies

Professional bodies such as The Health Professions Council of South Africa and the Psychological Society of South Africa are important key players in raising public awareness and encouraging collective collaboration. These bodies could also promote greater understanding and knowledge of health services in the public sphere.

- Training institutions

Training institutions could focus on educating people about problematic professional discourses; encouraging an open mindedness toward the paradigm shift. Courses, seminars and general public information lend credibility to psychology. These institutions could expand on educating professionals about the ethics of the psychotherapist's role in society.

- Medical insurance and pharmaceutical companies

Medical insurance and pharmaceutical companies are primary interfaces with the public sector. These companies often propagate networks of ambition and not networks of collaboration. Pharmaceutical companies specifically limit their interactions to psychiatrists and general practitioners, often excluding psychologists in the launches of medication. This is

problematic as many psychologists have to address client concerns about medication on a daily level.

These companies also perpetuate medical model approaches to health, conveying that their treatments are exclusively for psychiatric patients. This reinforces stereotypes around emotional problems, and marginalizes people who are in psychotherapy. Systems such as ICD 10 coding advocate and endorse deficit and illness as a basis for psychotherapy. People interpret these insurance categories and exclusions as penalization for 'mental' problems, feeling stigmatized and labelled for attending psychotherapy (Christensen, 2001).

- Corporate companies

Corporate companies either promote Industrial age values or Knowledge age values, or are in a transition between the paradigms. Those who have moved with the paradigm shift contribute significantly to society. Internationally there is a movement towards corporates endorsing an awareness of psychological health. Internationally based companies have moved towards more holistic and even spiritual values in the work place (Senge, 1990; Senge et al., 2005). These corporate strategies often focus on concepts like emotional intelligence (EQ) and spiritual intelligence (SQ). These organizations often make enormous contributions in terms of large scale social communication strategies working towards social resonance and collaboration (Covey, 2005; Zohar & Marshall, 2004).

The role of the media

The role and influence of the media is extremely important in promoting useful perceptions and images of emotional and mental health. An empowering representation of psychotherapists is especially important to facilitate movement away from deficit perceptions in society.

A conversation with a 'Netcare' representative revealed that campaigns are being launched for other under-represented professions, e.g. 'Netcare' have launched a campaign for nurses to portray them in a better light, and to improve the knowledge, self-esteem and reputation of nursing staff in general. The campaign is termed 'Nurses on Purpose' and is reporting good results (personal communication, March 8, 2007). This movement from deficit definitions of mental and emotional health is particularly pertinent in the United States. National campaigns and programmes in the United States speak of psychological conditions as a common occurrence, educating the public and advising them on how to seek treatment in a manner of normality (Faberman, 1997).

The psychotherapist's position

It is inevitable that the ethics of psychotherapy and the role of the psychotherapist will come under scrutiny in the debate around psychotherapeutic effectivity (Dawes, 1996; Lilienfeld et al., 2004). Psychotherapists have a responsibility in the process of shaping the profession, although poor responsibility is exhibited by many professionals in terms of what they communicate regarding the profession. Psychotherapists can no longer remain silent about the future of the profession. The solution does not lie in 'fixing' the problem, but rather in mastering the understanding and skills to support an emerging dialogue of change for the profession (Ball, 2005; Johnstone, 2002; Silverman, 1993).

Training institutions do also not sufficiently prepare young therapists for the harsh impact of social contexts and judgments (Viljoen, 2004). Social contexts exert a significant impact on the perceptions and abilities of psychotherapists. Like all people, therapists fall prey to deficit dialogues and perceptions, impeding their effectivity. This concern is especially relevant within the field of South African psychology with its additional contextual demands of crime, violence or despair.

An emerging public dialogue

It is evident that the paradigm shift from the Industrial Age to the Knowledge Age requires large scale changes in people's perceptions and discourses. Significant dialogical experiences aiming for change can occur in the public spaces through

dialogue or the written form. This begins in the minds of professionals and the public. Psychotherapy which ignores the emerging needs of society risks becoming redundant. Despite fears of redundancy, client independence is not counter-therapeutic, nor does it render the therapist redundant, as therapists will always be needed to initiate and extend therapeutic dialogues in society.

Research and development

The focus of research needs to shift from a myopic perspective on quantitative solutions, to an understanding that psychotherapy and its outcomes are integrally linked to the socio-cultural climate. This also recognizes the shifting values in knowledge sharing which emerges from collaborative research approaches.

Social action research is a way of crossing the boundaries between traditional research approaches and post-modern research approaches (Sandow & Allen, 2005).

Social action research would address a configuration of relationships with three aspects.

- The social aspect generates a social system of reflection. Everyone in the social system is a legitimate contributor to explaining how value is created. This follows the principle of collaboration and legitimization.
- An aspect of 'being in action' reflects on the praxis of how people live. This focuses on people's emergent and collective coordination of daily action and how this shapes their reality.
- A research aspect studies theories of living and knowing. This considers how different human aspects such as social, biological, spiritual and emotional well-being are all interdependent, impacting on one another. A holistic understanding of people's positioning is gained through such a research approach.

To do this, the researcher has to listen and do no harm, keeping the situation simple, and including group reflections to improve the practice of interdependency. This research is done **with** people, and not **on** people.

These recommendations of course do not represent all the possible actions for change, but are perhaps worthy of time and attention from those who are genuinely interested in thinking about people's innate capacity to achieve extraordinary things through collaboration.

Reflecting on this study

Contributions

This study is one point in the emergent discussion and dialogue around the transformational paradigm shift that is taking place. It contributes a different view with regard to facilitating a collaborative space for society, especially focusing on a different way of being and a different perception of psychology. It is the hope that this study will contribute toward collaborative resonance through stimulating discussion and focusing on the large scale challenges facing psychotherapy. Recognition that challenges are not rooted in lack of evidence based techniques, resistant clients or poorly skilled therapists is important. Conventional approaches may be useful in defining focused areas of research, but the profession itself requires extensive repositioning in society to address the changing needs accompanying a transformational shift in our culture and time. This study is a voice in beginning this repositioning.

Limitations

The strength of this study could also be its primary limitation, as doubt or criticism can emerge from the intangibility of paradigms. People inherently seek observable things. Although the paradigm shift is evident on every level of society, dominant discourses remain significantly embedded to distract people and provide justification of an unchanging world. Proponents of empiricism may criticize this study for its lack of quantifiable evidence. Challenging thought patterns and world

views requires courage and openness though, qualities which cannot be fused into any person's beliefs except by their own choice.

Finding practical applications for the suggestions in this study is also challenging, especially when the boundaries of the different paradigms are not always clear. A paradigm shift has no finite beginning or end as it is constantly evolving. This too is the case with this study and dialogue, requiring of people to dig deeply into their own creative thought processes, challenging personal world views.

Final thoughts

The psychology profession appears to be in a state of flux as part of a changing world and culture, both globally and locally. Undoubtedly, new horizons are needed in psychotherapy, as psychology is tasked with highlighting the potentially detrimental discourses to psychological well-being. This shift in thinking moves society away from a deficit focus on life and emotions, where psychotherapy is viewed as rooted in evil, error or lack of something, but rather focuses on changing the definitions of evil, error or deficit in society (Dallos & Draper, 2000; Gergen, 1999; Servan-Schreiber, 2003).

Quantification and control have failed to produce unequivocal answers to life's dilemmas, and will continue to do so as long as human beings remain evolutionary entities. Elements of human mysticism will always prevail; defying quantification just as meaning defies quantification. The time of seeing human beings as split into machine-like biological entities with a separate mind and further disembodied, irrational emotions – the Cartesian view, is long over.

Without a paradigm shift the shroud of suspicion surrounding psychology will continue. The therapy context is not a removed and separate 'therapeutic space' imbued with the external powers of the therapist, but rather an integrated space which is created out of the wider social fabric. In attempting to understand the social and contextual challenges surrounding psychotherapy, a path potentially exists for the resolution of the debate around the effectiveness of psychotherapy (Wampold, 2001). It is the purpose of this study to forward this message, as it is

only from this place of responsibility and informed living that the general mental, physical, emotional and spiritual or moral wellbeing of humanity will improve.

The human spirit is not measured by the size of the act but by the size of the heart.

-Billboard sign presiding over
ground zero commemoration ceremony,
New York City. September 11, 2002.

REFERENCES

- Ackerman, S. J. & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy*, 38(2), 171-185.
- Andersen, T. (1992). Reflections on reflecting with families. In S. McNamee & K. J. Gergen (Eds), *Therapy as Social Construction* (pp. 54-68). London: Sage.
- Anderson, H. & Goolishian, H. A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 24(4), 371-393.
- Anderson, H. & Goolishian, H. A. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds), *Therapy as Social Construction* (pp. 25-39). London: Sage.
- Andrews, G. (2000). A focus on empirically supported outcomes: A commentary on the search for empirically supported treatments. *Clinical Psychology: Science and Practice*, 7, 264-268.
- Andrews, G. & Harvey, R. (1981). Does psychotherapy benefit neurotic patients? A reanalysis of the Smith, Glass, and Miller data. *Archives of General Psychiatry*, 38(11), 1203-1208.
- Anolli, L. (1986). The psychologist must consider his own role. In M. Selvini-Palazzoli, L. Anolli, P. Di Blasio, L. Giossi, I. Pisano, C. Ricci, M. Sachi & V. Ugazio (Eds), *The hidden games of organisations* (pp. 125-138). New York: Pantheon.
- Asay, T. P. & Lambert, M. J. (1999). The Empirical Case for the Common Factors in Therapy: Quantitative Findings. In M. A. Hubble, B. L. Duncan & S. D. Miller (Eds), *The Heart and Soul of Change: What Works in Therapy* (pp. 23-55). Washington, D.C: American Psychological Association.
- Ashkenas, R. & Tandon, R. (1979). An eclectic approach to small group facilitation. *Small group behaviour*, 10(2), 224-241
- Atkinson, B. J. & Heath, A. W. (1987). Beyond objectivism and relativism: Implications for Family Therapy Research. *Journal of strategic and systemic therapies*, 6(1), 8-17.
- Auerswald, E. H. (1985). Thinking about thinking in family therapy. *Family Process*, 24, 1-12.

- Bachelor, A. (1991). Comparison and relationship to outcome of diverse dimensions of the helping alliance as seen by client therapists. *Psychotherapy*, 28(4), 534-549.
- Bakhtin, M. M. (1981). *The dialogic imagination: Four Essays* (C. Emerson & M. Holquist, Trans.). Austin: University of Texas Press.
- Bakhtin, M. M. (1986). *Speech genres and other late essays* (V.W. McGee, Trans.). Minneapolis: University of Minnesota Press
- Ball, A. (2005). *Psychotherapy and the Nature of the Psychotherapeutic Relationship - Issues dear to my heart*. An unpublished paper for a talk in Sydney, July 2005 to a Professional Development Meeting of the Australian Somatic Integration Association (ASIA), from the Australian Association of Somatic Psychotherapists (AASP), Retrieved September 20, 2006, from http://www.alisonball.com.au/dear_to_my_heart.php
- Banta, D. H. & Saxe, L. (1983). Reimbursement for psychotherapy: Linking efficacy research and public policymaking. *American Psychologist*, 38(8), 918-923.
- Barry, D. (1996). Artful Inquiry: A symbolic constructivist approach to social science research. *Qualitative Inquiry*, 2(4), 411-439.
- Barthes, R. (1972). *Critical essays*. Evanston, Illinois: Northwestern University Press.
- Bateman, A., Brown, D. & Pedder, J. (2000). *Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice*. London: Routledge.
- Bateson, G. (1951). Communication: The Social Matrix of Psychiatry. In J. Ruesch & G. Bateson (Eds), *The Convergence of Science and Psychiatry* (pp. 257-272). New York: W.W. Norton & Company.
- Bateson, G. (1972). *Steps to an Ecology of Mind*. Ballantine Books: New York.
- Bateson, G. (1979). *Mind and Nature: A necessary unity*. New York: E. P. Dutton.
- Bateson, G. & Jackson, D. D. (1964). Some varieties of pathogenic organization. *Disorders of Communication*, 42, 270-290.
- Baxter, L. A. & Montgomery, B. M. (1996). Relating: Dialogues and Dialects. In Hirokawa, R. Y. & Poole, M. S. (Eds), *Communication and Group Decision Making*. Beverly Hills, CA: Sage.
- Beaulieu, D. A. & Bugental, D. B. (2006). An evolutionary approach to socialization. In J. Grusec & P. Hastings (Eds), *Handbook of socialization*. New York: Guilford Press.

- Becvar, D. & Becvar, S. (2000). *Family Therapy: A systemic integration*. Massachusetts: Allyn & Bacon.
- Belden, B. D., Braukmann, C. J. & Wolf, M. M. (1985). Psychology as a health care profession: How healthy was APA's case for the cost-effectiveness of psychological health care? *Psychological Reports*, 56(2), 391-401.
- Benjamin, L. (2007). *A Brief History of Modern Psychology*. Massachusetts: Blackwell Publishing.
- Berger, M. (1995). Sustaining the professional self: Conversations with senior psychotherapists. In M.B. Sussman (Ed.), *A perilous calling: The hazards of psychotherapy practice* (pp. 302-321). New York: Wiley.
- Bernstein, B. (1990). *The structuring of pedagogic discourse, Volume 4: Class, codes and control*. London, Routledge.
- Bernstein, B. (1996). *Pedagogy, symbolic control and identity*. London: Taylor and Francis.
- Bernstein, R. (1983). *Beyond objectivism and relativism*. Philadelphia: University of Pennsylvania Press.
- Besa, D. (1994). Evaluating narrative family therapy using single-system research designs. *Research on Social Work Practice*, 4(3), 309-325.
- Beutler, L. E. (1997). The psychotherapist as a neglected variable in psychotherapy: An illustration by reference to the role of therapist experience and training. *Clinical Psychology: Science and Practice*, 4, 44-52.
- Blatt, S. J., Sanislow, C. A., Zuroff, D. C. & Pilkonis, P. A. (1996). Characteristics of effective therapists: Further analysis of data from the National Institute of Mental Health Treatment of Depression Collaborative Research Project. *Journal of Consulting and Clinical Psychology*, 64(6), 1276-1284.
- Blommaert, J. (2005). *Discourse*. Cambridge: Cambridge University Press.
- Bogdan, J. (1984). Family organization as an ecology of ideas: An alternative to the reification of family systems. *Family Process*, 23, 375-388.
- Boss, M. (1984). *Existential foundations of medicine and psychology*. Northvale, New Jersey: Aronson.
- Botella, L. (1994). *Constructivism and Narrative Psychology*. Ramon Llull University. Retrieved April 3, 2005, from <http://recerca.blanquerna.url.edu/constructivisme/Papers/PCP%20and%20narrative%20psychology.pdf>

- Botella, L. (1999). *Personal Construct Psychology*. Plenary talk presented at the XIIIth International Congress on Personal Construct Psychology. Berlin, Germany. Retrieved February 25, 2006, from <http://www.massey.ac.nz/~alock/virtual/PCPres.htm>
- Bozarth, J. D. (1998). *The person-centered approach : A revolutionary paradigm*. England: PCCS Books.
- Bozarth, J. D. (1999). *Person-Centered Therapy : A revolutionary paradigm*. England: PCCS Books.
- Bozarth, J. D. & Brodley, B. T. (1991). Actualization: A functional concept in client-centered psychotherapy: A statement. *Journal of Social Behavior and Personality*, 6(5), 45-59.
- Bradshaw, J. (1988). *Bradshaw on the family*. Florida: Health Communications.
- Brady, J. L., Healy, F. C., Norcross, J. C. & Guy, J. D. (1995). Stress in counsellors: An integrative research review. In W. Dryden (Ed.), *The stresses of counselling in action* (pp.1-27). London: Sage.
- Braten, S. (1987). Dialogic mind: the infant and the adult in proto-conversation. In M.E. Carvallo (Ed.), *Nature, Cognition, and Systems* (pp. 187-205). Dordrecht, Boston: Kluwer Academic Publishers.
- Brooks, A. & Edwards, K. (1997). Narratives of women's sexual identity development. In R. E. Nolan & H. Chelesvig (Eds), *Proceedings of the 38th Annual Adult Education Research Conference* (pp. 37-42). Oklahoma: Oklahoma State University.
- Brown, J. (1987). A review of meta-analyses conducted on psychotherapy outcome research. *Clinical Psychology Review*, 7(1), 1-23.
- Brown, J. & Duguid, P. (2000). *The social life of information*. USA: Harvard business school publishing.
- Brown, J. & Isaacs, D. (1997). *The transpersonal domain in large-scale change*. Unpublished working paper. California: Whole System Associates.
- Brown, J. & Isaacs, D. (2005). *The world cafe*. San Francisco: Berrett-Koehler.
- Bruner, J. (1990). *Acts of Meaning*. Cambridge: Harvard University Press.
- Bunge, M. (2003). The pseudoscience concept, dispensable in professional practice, is required to evaluate research projects: A reply to Richard McNally. *The Scientific Review of Mental Health Practice*, 2, 111-114.

- Burns, D. D. & Nolen-Hoeksema, S. (1992). Therapy empathy and recovery from depression in cognitive behavioral therapy: A structural equation model. *Journal of Consulting and Clinical Psychology, 60*, 441-449.
- Bussell, D. A. (1994). Ethical issues in observational family research. *Family Process, 33*, 361-376.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of identity*. New York: Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York: Routledge.
- Butler, J., Laclau, L. & Zizek, S. (2000). *Contingency, Hegemony, Universality: Contemporary Dialogues on the Left*. New York: Verso.
- Calhoun, C. (Ed.) (1992). *Habermas and the public sphere*. Cambridge, Mass: MIT Press
- Cameron, J. (1995). *The Artist's Way*. London: Pan Books.
- Campbell, D. T. (1975). On the conflicts between biological and social evolution and between psychology and moral tradition. *American Psychologist, 30*, 1103-1126.
- Capuzzi, D. & Gross, D. R. (1999). *Counselling and Psychotherapy. Theories and intervention*. New Jersey: Prentice Hall.
- Carkhuff, R. R. (1969). *Helping and human relations, Vol 1*. New York: Holt, Rinehart & Winston.
- Carkhuff, R. R. (1971). *The development of human resources, educational, psychological and social change*. New York: Holt, Rinehart & Winston.
- Casey, R. J. & Berman, J. S. (1985). The outcome of psychotherapy with children. *Psychological Bulletin, 98*(2), 388-400.
- Cecchin, G. (1992). Constructing Therapeutic Possibilities. In S. McNamee & K. J. Gergen (Eds), *Therapy as Social Construction* (pp. 86-95). London: Sage.
- Chadwell, B. H. & Howell, R. J. (1979). Research note: A self-report measure of spontaneous remission and psychotherapy outcome. *Journal of Community Psychology, 7*(1), 69-71.
- Chambless, D. L. & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685-716.
- Champion, R. (2002). *The philosophy site of rafe champion*. The Rathouse. Retrieved on February 20, 2006, from <http://www.the-rathouse.com/>

- Childre, D. & Martin, H. (1999). *The Heartmath Solution*. San Francisco: Harper San Francisco.
- Christensen, D. (2001). Medicinal mimicry: Sometimes placebos work – but how? *Science News*, 74-78.
- Chung, R. C. & Bernak, F. (2002). The relationship of culture and empathy in cross-cultural counseling. *Journal of Counseling and Development*, 80, 154–159.
- Clegg, J. (1998). *Critical Issues in Clinical Practice*. London: Sage.
- Coale, H. W. (1992). The constructivist emphasis on language: A critical conversation. *Journal of Strategic and Systemic Therapies*, 11(1), 12-26.
- Colapinto, J. (1979). The relative value of empirical evidence. *Family Process*, 18, 427-441.
- Collins Gem English Dictionary. (1981). London: Collins.
- Coltart, N. (1993). *How to survive as a psychotherapist*. London: Sheldon.
- Cormier, W. & Cormier, S. (1991). *Interviewing skills for helpers: Fundamental skills and cognitive behavioral interventions*. California: Brooks/Cole Publishing Company.
- Covey, S. R. (2004). *The 7 Habits of Highly Effective People*. New York: Free Press.
- Covey, S. R. (2005). *The 8th habit: From effectiveness to greatness*. New York, New York: Free Press.
- Coyle, A. (1998). Qualitative research in counselling psychology: Using the counselling interview as research instrument. In P. Clarkson (Ed.), *Counselling psychology: Integrating theory, research and supervised practice* (pp. 56-73). London: Routledge.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions (2nd ed.)*. Thousand Oaks: Sage.
- Dallos, R. & Draper, R. (2000). *An Introduction to family therapy, systemic theory and practice*. Buckingham/ Philadelphia: Open University Press.
- Dawes, R. M. (1996). *House of Cards: Psychology and psychotherapy built on myth*. New York: The Free Press.
- de Gramont, P. (1990). *Language and the distortion of meaning*. New York: New York University Press.
- de Vulpian, A. (2005). *Process of Civilization: Listening to ordinary people*. Paper prepared for the Sol international Forum in Vienna. Symphony of Innovations:

- leveraging complexity to create knowledge and confidence. Retrieved August 11, 2006, from http://www.notio.com/2005/09/sol_alain_de_vu.html
- Dell, P. F. & Goolishian, H. (1981). Order through fluctuation: An evolutionary epistemology for human systems. *Australian Journal of Family Therapy*, 2, 175-184.
- Dell, P. F. (1980). The hopi family therapist and the aristotelian parents. *Journal of Marital and Family Therapy*, 123-125.
- D'Emilio, J & Freedman, E. B. (1988). *Intimate matters: a history of sexuality in America*. New York: Harper and Row.
- Denzin, N. K. & Lincoln, Y. S. (1998). *Strategies of Qualitative inquiry*. London: Sage.
- Denzin, N. K. & Lincoln, Y. S. (Eds). (2000). *Handbook of Qualitative Research (2nd ed.)*. London: Sage.
- Derrida, J. (1976). *Of Grammatology*. Baltimore: Johns Hopkins University Press.
- Derry, S. J. (1999). A fish called peer learning: Searching for common themes. In A. M. O'Donnell & A. King (Eds), *Cognitive perspectives on peer learning* (pp. 197-211). New Jersey: Lawrence Erlbaum Associates.
- Dineen, T. (2001). *Manufacturing victims: What the psychology industry is doing to people*. Montreal: Robert Davies.
- Dineen, T. (2002). The Psychotherapist and the Quest for Power: How Boundaries have Become an Obsession. In A. Lazarus & O. Zur (Eds), *Dual relationships and psychotherapy* (pp. 115-139). New York: Springer.
- Dineen, T. (2004). Psychocracy: The Psychological Sphere of Influence. In P. Pietikainen (Ed.), *Modernity and Its Discontents: Sceptical Essays on the Psychomedical Management of Malaise*. Stockholm: Johnson Foundation.
- Doherty, W. J. (1999). Postmodernism and family theory. In M. Sussman, S.K. Steinmetz & G. Peterson (Eds), *Handbook of marriage and the family* (pp. 205-217). New York: Plenum Press.
- Doherty, W. J. (2003). A wake up call: comment on "lived religion and family therapy". *Family Process*, 42, 181-183.
- Dowding, K., (1996). *Power*. Minneapolis: University of Minnesota Press.
- Dryden, W. (Ed.). (1995). *The stresses of counseling in action*. London: Sage.
- Duncan, B. L. & Moynihan, D. W. (1994). Applying outcome research: International utilization of the client's frame reference. *Psychotherapy*, 31, 291-301.

- Duncan, B. L., Hubble, M. & Miller, S. (1997). *Psychotherapy with impossible cases: the efficient treatment of therapy veterans*. New York: Norton.
- Durrheim, K. (1999). Research design. In M. Terre Blanche & K. Durrheim (Eds), *Research in practice: Applied methods for the social sciences* (pp. 29-53). Cape Town: University of Cape Town.
- Efran, J. S. & Clarfield, L. E. (1992). Constructionist Therapy: Sense and Nonsense. In S. McNamee & K. J. Gergen (Eds), *Therapy as Social Construction* (pp. 200-217). London: Sage.
- Efran, J., Greene, M. & Gordon, R. (1998). Lessons of the new genetics. *Family Therapy Networker*, 22, 26-41.
- Efran, J. S., Lukens, M. D., & Lukens, R. J. (1990). *Language, structure, and change: Frameworks of meaning in psychotherapy*. New York: Norton.
- Egan, G. (1975). *The Skilled Helper: A Model for Systematic Helping and Interpersonal Relating*. California: Brooks/Cole Publishing Company.
- Elliot, R. (1997). *Faking Nature*. Routledge: New York.
- Elliot, R. L., Greenberg, L. S. & Lietaer, G. (2004). Research on experiential psychotherapies. In M. J. Lambert (Ed.), *Bergin & Garfield's Handbook of Psychotherapy and Behavioral Change* (5th ed.).(pp.493-539). New York: John Wiley.
- Elliot, T.S. (1944). *Four Quartets*. London: Faber & Faber.
- Elliott, R. (1998). Editor's introduction: A guide to the empirically supported treatments controversy. *Psychotherapy Research*, 8(2), 115-125
- Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and religious values." *Journal of Counseling and Clinical Psychology*, 48, 635-639.
- Elsass, P. (1992). *Strategies for survival: The psychology of cultural resilience in ethnic minorities*. New York: New York University.
- Ely, M., Anzul, M., Friedman, T., Garner, D. & Steinmetz, A. M. (1991). *Doing qualitative research: circles within circles*. London: The Falmer Press.
- Engle, D. E. & Arkowitz, H. (2006). *Ambivalence in Psychotherapy: Facilitating Readiness to Change*. New York: Guilford Press.
- Epston, D. (1998). *'Catching up' with David Epston: A collection of narrative practice-based papers published between 1991 & 1996*. South Australia: Dulwich Centre Publications.

- Epston, D., White, M. & Murray, K. (1992). A proposal for a re-authoring therapy: Rose's revisioning of her life and a commentary. In K. J. Gergen & S. McNamee (Eds), *Therapy as social construction. Inquiries in social construction* (pp. 96-115). London: Sage Publications.
- Erbaugh, S. E. (1995). The Attributes Of Psychotherapy For Depression. *The Medical Journal of Allina Healthcare*. Retrieved 2 July, 2006, From http://www.healthyplace.com/Communities/depression/treatment/therapy/psych_vs_meds.asp
- Estez, C.P. (1992). *Women Who Run with the Wolves*. London: Rider.
- Evans, R. (1999). Clinical psychology born and raised in controversy. *APA Monitor Online*, 30(11). Retrieved September 18, 2006, from <http://www.apa.org/monitor/dec99/ss12.html>
- Faberman, R. K. (1997). Public attitudes about psychologists and mental health care: Research to guide the American psychological association public education campaign. *Professional Psychology: Research and Practice*, 28, 128-136.
- Fitzpatrick, M. R., Stalikas, A. & Iwakabe, S. (2001). Examining counselor interventions and client progress in the context of the therapeutic alliance. *Psychotherapy*, 38(2), 160-170.
- Flick, U. (2002). *An introduction to Qualitative Researching*, London: Sage.
- Fontana, A. & Frey, J. H. (2000). The interview: From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of qualitative research* (2nd ed.)(pp. 645-672). Thousand Oaks: Sage.
- Foucault, M. (1969). *The Archaeology of Knowledge*. London: Tavistock.
- Foucault, M. (1977). *Discipline and punish*. New York: Pantheon.
- Foucault, M. (1978). Politics and the study of discourse. *Ideology and Consciousness*, 3, 7-26.
- Foucault, M. (1979). My body, this paper, this fire. *Oxford Literary Review*, 4(1), 9-28.
- Foucault, M. (1980). *Power/knowledge: selected interviews and other writings*. New York, Pantheon Books.
- Foucault, M. (1982). The subject of power. In H. Dreyfus & P. Rabinow (Eds), *Michel Foucault: Beyond structuralism and hermeneutics* (pp. 208-226). New York: Harvester Wheatsheaf.

- Fourie, D. P. (1996). The research/practice gap in psychotherapy: From discovering reality to making sense. *Journal of Contemporary Psychotherapy*, 26, 7-22.
- Fourie, D. P. (2003). Limited Options: Symptoms as expressions of ambivalence. *American Journal of Family Therapy*, 31, 51-59.
- Frankl, V. (1959). *Mans search for meaning*. New York: Simon and Schuster.
- Fransella, F. (1993). The construct of resistance in psychotherapy. In L.M. Leitner & N. G. M. Dunnett (Eds), *Critical Issues in Personal Construct Psychotherapy* (pp. 117-134). Florida: Krieger Publishing Company.
- Freeman, M. (1998). Culture, narrative, and the poetic construction of selfhood. *Journal of Constructivist Psychology*, 12, 99-116.
- Friedman, M. (1985). *The healing dialogue in psychotherapy*. New York: Jason Aronson.
- Friedman, M. (1992). *Dialogue and the human image: Beyond humanistic psychology*. London: Sage.
- Friedman, S. (Ed.). (1993). The new language of change: Constructive collaboration in therapy. New York: Guilford.
- Frosh, S. (1995). Postmodernism versus psychotherapy. *Journal of Family Therapy*, 17, 175-190.
- Frost, R. (n.d.). *BrainyQuote*. Retrieved August 14, 2007 from <http://www.brainyquote.com/quotes/quotes/r/robertfros151827.html>
- Fruggeri, L. (1992). Therapeutic Process as the Social Construction of Change. in S. McNamee & K.J. Gergen (Eds), *Therapy as Social Construction* (pp. 40-53). London: Sage.
- Garfield, S. L. (1994). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds), *Handbook of psychotherapy and behavior change* (3rd ed.).(pp. 213-256). New York: Wiley.
- Gaston, L. (1991). The reliability and criterion-related validity of the patient version of the California Psychotherapy Alliance Scale. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 68-74.
- Gaston, L. & Marmar, C. R. (1994). The California Psychotherapy Alliance Scales. In A.O. Horvath & L. Greenberg (Eds), *The working alliance: Theory, research and Practice* (pp. 85-108). Toronto: John Wiley and Sons.
- Gee, J. P. (2005). *An Introduction to Discourse Analysis: Theory and Method*. London: Routledge.

- Gehart, D. R., Ratliff, D. A. & Lyle, R. R. (2001). Qualitative research in family therapy: A substantive and methodological review. *Journal of Marital & Family Mtherapy*, 27(2), 261-274.
- Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: Guilford Press.
- Gergen, K. (1982). *Toward transformation in social knowledge*. New York: Springer-Verlag.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.
- Gergen, K. J. (1990a). Toward a postmodern psychology. *The Humanistic Psychologist*, 18, 23-34.
- Gergen, K. J. (1990b). Therapeutic professions and the diffusion of deficit. *Journal of Mind and Behaviour*, 11, 353-368.
- Gergen, K. J. (1991). *The saturated self: Dilemmas of identity in contemporary life*. USA: Basic Books.
- Gergen, K. J. (1994) *Toward transformation in social knowledge (2nd ed.)*. London: Sage Publications.
- Gergen, K. J. (1996). Social Psychology as Social Construction: The Emerging Vision. Retrieved April 14, 2005, from <http://www.swarthmore.edu/SocSci/kgergen1/web/page.phtml?id=manu1&st=manuscripts&hf=1>
- Gergen, K. J. (1997). The Place of the Psyche in a Constructed World. *Theory and Psychology*, 7, 31-36.
- Gergen, K. J. (1999). Social Construction and the Transformation of Identity Politics. Retrieved April 14, 2005, from <http://www.swarthmore.edu/SocSci/kgergen1/web/page.phtml?id=manu8&st=manuscripts&hf=1>
- Gergen, K. J. (2003). *The Self: Colonization in psychology and Society*. Retrieved April 12, 2005, from <http://www.swarthmore.edu/SocSci/kgergen1/web/page.phtml?id=manu36&st=manuscripts&hf=1>
- Gergen, K. J. (2004). Social construction. In W. E. Craighead & C. B. Nemeroff (Eds), *The concise Corsini encyclopedia of psychology and behavioral science* (pp. 911-912). New York: Wiley.

- Gergen, K. J. & Kaye, J. (1992). Beyond Narrative in the Negotiation of Therapeutic Meaning. In S. McNamee & K.J. Gergen (Eds), *Therapy as Social Construction* (pp. 166-185). London: Sage.
- Gergen, K. & McNamee, S. (2000). From disordering discourse to transformative dialogue. In R. Neimeyer & J. Raskin (Eds), *Constructions of disorders* (pp. 333-349). Washington DC: American Psychological Association.
- Gibson, H. B. & Heap, M. (1991). *Hypnosis in Therapy*. Chichester: Lawrence Erlbaum Associates.
- Gilbody, S., Wilson, P. & Watt, I. (2004). *The saturated self: Dilemmas of identity in contemporary society*. New York: Basic Books.
- Ginsberg, G., Marks, I. & Waters, H. (1984). Cost-benefit analysis of a controlled trial of nurse therapy for neuroses in primary care. *Psychological Medicine*, 14, 683-690.
- Giroux, H. A. (1996). *Fugitive Cultures: Race, Violence and Youth*. New York: Routledge
- Gladstein, G. A. (1983). Understanding empathy: Integrating counseling, developmental, and social psychology perspectives. *Journal of Counseling Psychology*, 30, 467-482.
- Golann, S. (1988). On Second-Order Family Therapy. *Family Process*, 27, 51-65.
- Goldberg, C. (1986). *On becoming a psychotherapist*. New York: Gardener.
- Goldberg, C. (2004). The pursuit of the fictional self. *American Journal of Psychotherapy*, 58(2), 209-219.
- Gomes-Schwartz, B. (1978). Effective ingredients in psychotherapy: Prediction of outcome from process variables. *Journal of Consulting and Clinical Psychology*, 46, 1023-1035.
- Goolishian, H. & Anderson, H. (1987). language systems and therapy: an evolving idea. *Psychotherapy*, 24(35), 529-538.
- Gopnik, A. (1999). "Theory of Mind" in Wilson, R. & Keil, F. (Eds). *The MIT Encyclopedia of Cognitive Sciences*. MIT Press: Boston.
- Gover, M. & Gavelek, J. (1996). *Persons and selves: The dialectics of identity*. Retrieved April 14, 2005, from <http://www.msu.edu/user/govermar/ident.html>
- Grafanaki, S. (1996). How research can change the researcher: The need for sensitivity, flexibility and ethical boundaries in conducting qualitative research in counselling/psychotherapy. *British Journal of Guidance & Counselling*, 24(3), 329-339.

- Greenberg, G. (1997). Psychology: Science or Ideology? *Review of General Psychology*, 1(3), 256-270. Retrieved April 3, 2005, from <http://www.leaderu.com/orgs/narth/science-ideology.html>
- Greenwood, D. J. & Levin, M. (2000). Reconstructing the relationships between universities and society through action research. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of qualitative research (2nd ed.)*.(pp. 85-106). Thousand Oaks: Sage.
- Greer, S. (2003). *What's the difference between social constructionist psychology and narrative psychology?* Retrieved April 3, 2005 from <http://hv.greenspun.com/bboard/q-and-a-fetch-msg.tcl?msg>
- Griffith, J. & Griffith, M. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York: Basic Books.
- Griffith, J. L., Griffith, M. E. & Slovik, L. S. (1990). Mind-body problems in family therapy: contrasting first and second-order cybernetic approaches. *Family Process*. 29, 13-28.
- Guignon, C. (1993). Authenticity, mental values, and psychotherapy. In C. Guignon (Ed.), *Cambridge companion to Heidegger*. Cambridge: Cambridge University Press.
- Guilfoyle, M. (2003). Dialogue and power: A critical analysis of power in dialogical therapy. *Family Process*, 42, 331-343.
- Hackney, H. (1978). The evolution of empathy. *Personnel and Guidance Journal*, 55, 35-39.
- Hagan, T. & Smail, D. (1997). Power mapping I: Background and basic methodology. *Journal of Community & Applied Social Psychology*, 7, 28-36.
- Haggerty, J. (2006). *History of Psychotherapy*. Retrived on July 4, 2006 from <http://psychcentral.com/lib/2006/history-of-psychotherapy/>
- Halliday, M. A. K. (1976). A Brief Sketch of Systemic Grammar. In G. R. Kress (Ed.), *System and Function in Language* (pp. 3-6). London: Oxford University Press.
- Halliday, M. A. K. (1989). *Language, Context, and Text*. London: Oxford University Press.
- Halliday, M. A. K. (1993). Towards a language-based theory of learning. *Linguistics and Education*, 5, 93-116.
- Halliday, M. A. K. & Fawcett, R. (1987). *New Developments in Systemic Linguistics*. London: Frances Pinter.

- Hargens, J. (1987). Beyond beyond: An interview with Harold A. Goolishian. *Journal of Systemic Therapy*, 5, 105-111.
- Harré, R. & G. Gillett (1994). *Discursive Mind*. London: Sage Publications.
- Hasan, R. (1989). The Structure of a Text. In M. A. K. Halliday & R. Hasan (Eds), *Language, Context, and Text*. London: Oxford University Press.
- Hasan, R. & Cloran, C. (1990). A Sociolinguistic Interpretation of Everyday Talk between Mothers and Children. In M. A. K. Halliday, J. Gibbons & H. Nicholas (Eds), *Learning, Keeping, and Using Language*. Amsterdam: John Benjamins.
- Hawkins, D. R. (2002). *Power vs. Force: The hidden determinants of human Behaviour*. California: Hayhouse inc.
- Hayes, F. W. III., (Ed.). (2000). *A Turbulent Voyage: Readings in African American Studies*. California: Collegiate Press.
- Hayward, M. (1996). Is second order practice possible? *Journal of Family Therapy*, 19, 219-242.
- Hedges, L. E., Hilton, R., Hilton, V. W. & Caudill, O. B., Jr. (1997). *Therapists at risk: Perils of the intimacy of the therapeutic relationship*. Northvale, New Jersey: Jason Aronson, Inc.
- Held, B. S. & Pols, E. (1985). The confusion about epistemology and "epistemology" – and what to do about it. *Family Process*, 24, 509-517.
- Herkov, M. (2006). *About Cognitive Psychotherapy*. Retrieved March 27, 2007, From <http://psychcentral.com/lib/2006/about-cognitive-psychotherapy/>
- Hertlein, K., Lambert-Shute, J. & Benson, K. (2004). Postmodern influence in family therapy research: Reflections of graduate students. *The Qualitative Report*. 9(3), 538-561.
- Hicks, S. R. C. (2004). *Explaining postmodernism: skepticism and socialism from Rousseau to Foucault*. Arizona: Scholargy Publishing.
- Hill, P. C. & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist*, 58(1) 64-74.
- Hinshelwood, R. D. (1984). Our three-way-seesaw. *International journal of therapeutic communities*, (4), 167-8.
- Hoffman, L. (1981). *Foundations of family therapy*. New York: Basic Books.
- Hoffman, L. (1991). A reflexive stance for family therapy. *Journal of Strategic and Systemic Therapies*, 10 (3&4), 4-17.

- Hollon, S. D., Thase, M. E. & Markowitz, J. C. (2002). Treatment and prevention of depression. *Psychological Science in the Public Interest*, 3, 39-77.
- Horner, A. (2004). *Dealing with resistance in psychotherapy*. Toronto: Caversham.
- Horton, I. (1997). The needs of counsellors and psychotherapists. In I. Horton & V. Varma (Eds), *The needs of counsellors and psychotherapists*. (pp. 1-17). Thousand Oaks: Sage.
- House, R. (2002). Therapy Beyond Modernity: deconstructing and transcending profession-centred therapy. *IPNOSIS: a journal for the Independent Practitioners Network*. Retrieved April 3, 2005, from <http://ipnosis.postle.net/pages/BeyondModernityIntroduction.htm>
- Howard, K. I., Kopta, S. M., Krause, M. S. & Orlinsky, D. E. (1986). The dose-effect relationship in psychotherapy. Special Issue: Psychotherapy research. *American-Psychologist*, 41(2), 159-164.
- Hoyt, M. & Ahola, T. (1994). Solution talk: The solution-oriented way of talking about problems. In Michael Hoyt (Ed.), *Constructive Therapies* (pp 41-66). New York: Guilford Press.
- Hubble, M. A., Duncan, B. L. & Miller, S. D. (Eds). (1999). *The heart and soul of change*. Washington DC: American Psychological Association.
- Hunsley, J. & Di Giulio, G. (2002). Dodo bird, phoenix, or urban legend? The question of psychotherapy equivalence. *The Scientific Review of Mental Health Practice*. 1(1), 11-22.
- Hunsley, J. & Johnston, C. (2000). The role of empirically supported treatments in evidence-based psychological practice: A Canadian perspective. *Clinical Psychology: Science and Practice*, 7, 269-272.
- Jarzombek, M. (2000). *The Psychologizing of Modernity*. Cambridge: Cambridge University Press.
- Jasnoski, M. (1984). The ecosystemic perspective in clinical assessment and intervention. In W. O'Connor & B. Lubin (Eds). *Ecological approaches to clinical and community psychology*. New York: John Wiley and Sons.
- Jaworski, A. & Coupland, N. (Eds). (1999). *The Discourse Reader*. London: Routledge.
- J Jeans, J. (1930). *The Mysterious Universe*. New York: Macmillan.
- Johnstone, B. (2002). *Discourse Analysis*. Oxford: Blackwell.
- Jones, A. (1999). *Exploring Spiritual Direction*. Massachusetts: Cowley Publications.

- Jung, C. G. (1916). The transcendent function. In *Collected works of CG Jung* (1969) Vol 8. Princeton, NJ: Princeton Universities press.
- Jung, C. G. (1959). *The Undiscovered Self*. New York: Mentor Books.
- Kagee, A. (2006). Where is the evidence in South African clinical psychology? *South African Journal of Psychology*, 36(2), 233-248.
- Kazdin, A.E. (1981). Drawing valid inferences from case studies. *Journal of Consulting and Clinical Psychology*, 49, 183-192.
- Kazdin, A.E. (1998). Drawing valid inferences from case studies. In A.E. Kazdin (Ed.), *Methodological Issues and Strategies in Clinical Research* (2nd ed.).(pp. 403-417). Washington DC: American Psychological Association.
- Keeney, B. P. (1979). Ecosystemic epistemology: an alternative paradigm for diagnosis. *Family Process*, 18, 117-129.
- Keeney, B. P. (1982). What is an epistemology of family therapy? *Family Process*, 21, 153-168.
- Keeney, B. P. (1983). *Aesthetics of Change*. New York: Guilford Press.
- Keeney, B. P. (1995). *Everyday Soul: Awakening the spirit in daily life*. New York: Riverhead.
- Keeney, B. P. & Morris, J. (1985). Implications of cybernetic epistemology for clinical research. *Journal for Counselling and development*, 63, 546-550.
- Keeney, B. P. & Ross, J. M. (1985). *Mind in therapy: Constructing systemic family therapies*. New York: Basic Books.
- Keeney, B. P. & Silverstein, O. (1986). *The therapeutic voice of Olga Silverstein*. New York: Guilford Press.
- Keeney, B. P. & Sprenkle, D. H. (1982). Ecosystemic epistemology: Critical implications for the aesthetics and pragmatics of family therapy. *Family Process*, 21(1), 1-19.
- Keller, W. (1997). Research and Jungian psychotherapy - Outcome studies, part II. In M.A. Mattoon (Ed.), *Open Questions in Analytical Psychology* (pp 641-645). Einsiedeln: Daimon Verlag.
- Kelly, E. (1997). Relation-centered counseling: A humanistic model of integration. *Journal of Counseling & Development*, 75, 337-345.
- Kelly, K. (1994). *Out of Control: The New Biology of Machines*. London: Fourth Estate.
- Kelly, K. (1999a). Hermeneutics in action: Empathy and interpretation in qualitative research. In M. Terre Blanche & K. Durrheim (Eds), *Research in*

- practice: Applied Methods for the social sciences* (pp. 398-420). Cape Town: University of Cape Town.
- Kelly, K. (1999b). Calling it a day: Research conclusions in qualitative research. In M. Terre Blanche & K. Durrheim (Eds), *Research in Practice: Applied methods for the social sciences* (pp. 421-437). Cape Town, South Africa: University of Cape Town Press.
- Kenny, V. (1999). *Live speech and dead speech in psychotherapy*. Retrieved August 3, 2006, from <http://www.oikos.org/livedead.htm>
- Kim, B. (2001). Social Constructivism. In M. Orey (Ed.), *Emerging perspectives on learning, teaching, and technology*. Retrieved April 4, 2005, from <http://www.coe.uga.edu/epltt/SocialConstructivism.htm>
- Kleiner, A. (2005). The shadow core group. *Reflections*, 6(2/3), 28-33.
- Kohanov, L. (2001). *The Tao of Equus*. California: New World Library Press.
- Krog, A. (1998). *Country of My Skull*. South Africa: Random House.
- Kuhn, T. S. (1977). *The Essential Tension*. Chicago: University of Chicago Press.
- Kvale, S. (1990). Postmodern psychology: A contradiction in terms? In S. Kvale. (Ed.), *Psychology and Postmodernism*. London: Sage.
- Kvale, S. (1996). *Interviews : An introduction to qualitative research interviewing*. Thousand Oaks: Sage.
- Lafferty, P., Beutler, L. E. & Crago, M. (1989). *Differences between more and less effective psychotherapists: a study of select therapist variables*. Washington, DC: American Psychological Association.
- Lambert, M. J. (1992). Implications of Outcome Research for Psychotherapy Integration. In J. C. Norcross & M. R. Goldstein (Eds), *Handbook of Psychotherapy Integration* (pp. 94-129). New York: Basic Books.
- Lambert, M. J. & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds), *Handbook of psychotherapy and behaviour change* (pp. 143-189). New York: John Wiley.
- Lambert, M. J., Shapiro, D. A. & Bergin, A. E. (1986). The effectiveness of psychotherapy. In S. L. Garfield & A. E. Bergin (Eds), *Handbook of psychotherapy and behavior change* (pp. 157-212). New York: John Wiley.
- Lane, J. B. (2000). Overview of assessment and treatment issues. In M. Hersen & M. Biaggio (Eds), *Effective brief therapies: A clinician's guide* (pp. 3-15). San Diego: Academic Press.

- Langs, R. (1989). Reactions of supervisees (and supervisors) to new levels of psychoanalytic discovery and meaning. *Contemporary Psychoanalysis*, 25(1), 76-97.
- Lazarus, S. (1998). *The role of the psychologist in South African society: In search of an appropriate community psychology*. Unpublished doctoral dissertation, University of Cape Town.
- Legge J. (1963). *The I Ching: The Book of Changes*, New York: Dover.
- Leitner, L. M. & Dill-Standiford, T. (1993). Resistance in experiential personal construct psychotherapy: theoretical and technical struggles. In L. M. Leitner & N. G. M. Dunnett (Eds), *Critical Issues in Personal Construct Psychotherapy* (pp. 135-155). Florida: Krieger Publishing Company.
- Lemke, J. L. (1985). Ideology, Intertextuality, and the Notion of Register. In J. D. Benson & W. S. Greaves (Eds), *Systemic Perspectives on Discourse* (pp. 275-294). New Jersey: Ablex Publishing.
- Lemke, J. L. (1995). *Textual Politics*. USA: Taylor & Francis Group.
- Levi, R. (2005). Group magic: an inquiry into experiences of collective resonance. *Reflections*, 6(2/3), 20-27.
- Levine, M. (1996). *Viewing Violence: how media violence affects your child's and adolescent's development*. New York: Doubleday.
- Levinson, B. M. (1980). The child and his pets: A world of non-verbal communication. In S. A. Corson & E. O. Corson (Eds), *Ethology and nonverbal communication in mental health* (pp. 63-81). Oxford: Penguin Press.
- Levinson, B. M. (1984). Human-companion therapy. *Journal of Contemporary Psychotherapy*, 14, 131-144.
- Lilienfeld, S. O., Lynn, S. J. & Lohr, J. M. (2004). Science and pseudoscience in clinical psychology: Initial thoughts, reflections and considerations. In S. O. Lilienfeld, S. J. Lynn & J. M. Lohr (Eds), *Science and pseudoscience in clinical psychology* (pp. 1-16). New York: Guildford.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills: Sage Publications.
- Lipsey, M. & Wilson, D. (1993). The efficacy of psychological, education and behavioral treatment: Confirmation from meta-analysis. *American Psychologist*, 48, 1181-1209.
- Lloyd, G. (1993). *The man of reason: male and female in Western philosophy*. USA: Taylor & Francis Group.

- Luborsky, L., Singer, B. & Luborsky, L. (1975). Comparative studies of psychotherapies. *Archives of General Psychiatry*, 32, 995-1008.
- Ludema, J. D. (2001). From Deficit Discourse to Vocabularies of Hope: The power of appreciation. In D. Cooperrider, P. F. Sorensen, D. Whitney & T. F. Yaeger (Eds), *Appreciative Enquiry: An Emerging Direction for Organization Development* (pp. 265-287). Illinois: Stipes Publishing L.L.C.
- Lynch, J. (2000). *A Cry Unheard*. Baltimore: Bancroft Press.
- Maguire, P. (2001). Uneven ground: Feminisms and action research. In P. Reason & H. Bradbury (Eds), *Handbook of action research: Participative inquiry and practice* (pp. 59-69). London: Sage.
- Maione, P. V. (1997). Choice Points: Creating clinical qualitative research studies. *Qualitative Report*, 3(2). Retrieved May 19, 2005, from <http://www.nova.edu/ssss/QR/QR3-2/maione.html>
- Mander, J. & Goldsmith, E. (Eds). (1996). *The Case Against the Global Economy*. San Francisco: Sierra Club Books.
- Manos, N. & Vasilopoulou, E. (1984). Evaluation of psychoanalytic psychotherapy outcome. *Acta Psychiatrica Scandinavica*, 70(1), 28-35.
- Margulies, A. (1989). *The Empathic Imagination*. New York: W.W. Norton.
- Marshall, S. C. (n.d.). *The Science of Biological Forces and Their Therapeutic Application*. Retrieved October 20, 2006, from www.jungtao.edu/ccm/articles/science.html
- Maturana, H. (1978). Biology of Language: The epistemology of reality. In G.A. Miller & E. Lennenberg (Eds), *Psychology and the biology of language and thought* (pp. 28-62). New York: Academic Press.
- Maturana, H. (1988). *Ontology of observing: The biological foundation for selfconsciousness and the physical domain of existence*. Retrieved April 18, 2006, from <http://www.inteco.cl/biology/ontology>
- Maturana, H. R. & Bunnell, P. (1998). Biosphere, Homosphere, and Robosphere: What has that to do with Business? *Society for Organisational Learning*. Retrieved June 17, 2007, from <http://www.sol-ne.org/res/wp/maturana/>
- Maturana, H. & Varela, F. (1980). *Autopoiesis and cognition: The realization of the living*. Netherlands: D. Reidl.
- Maturana, H. R. & Varela, F. J. (1987). *The tree of knowledge: The biological roots of human understanding*. Boston: Shambhala.

- McTaggart, L. (2002). *The Field: The Quest for the Secret Force of the Universe*. New York: Harper Collins.
- Meares, R. (2004). The conversational model: An outline. *American Journal of Psychotherapy*, 58(1), 51-66.
- Miller, K. & Birkholt, M. (1995). Empathy and burnout in human service work: an extension of a communication model. *Communication Research*, 22(2), 123-148.
- Miller, S. D., Duncan, B. L. & Hubble, M. A. (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice*. New York: Norton.
- Miller, W. R. & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58, 24-35.
- Mills, S. D. & Sprenkle, D. H. (1995). Family therapy in the postmodern era. *Family Relations*, 44, 368-376.
- Mitchell, K., Bozarth, J. D. & Krauft, C. C. (1977). A reappraisal of the therapeutic effectiveness of accurate empathy, non-possessive warmth, and genuineness. In A. S. Gurman & A. M. Razin (Eds), *Effective Psychotherapy : A Handbook of Research*. New York: Pergamon Press.
- Montgomery, M. (1995). *An introduction to language and society (2nd ed.)*. New York: Routledge.
- Moon, S. M., Dillon, D. R. & Sprenkle, D. H. (1990). Family therapy and qualitative research. *Journal of Marital and Family Therapy*, 16, 357-373.
- Moore, T. (1992). *Care of the Soul*. Harper Collins: New York.
- Morrisette, P. J. (2001). *Self-supervision: A primer for counselors and helping professionals*. New York: Brunner-Routledge.
- Moules, N. (2000). Postmodern and the Sacred: Reclaiming connection with out great-than-human worlds. *Journal of Marital and Family Therapy*, 26, 229-240.
- Mulhauser, G. R. (2005). 9 *Observations about the Practice and Process of Online Therapy*. Retrieved September 23, 2006, from <http://counsellingresource.com/papers/online-practice/>
- Murphy, E. (1997). *Constructivist Epistemology*. Retrieved on April 18, 2006, from <http://www.stemnet.nf.ca/~elmurphy/emurphy/cle2.html>
- Neuman, W. L. (1994). *Social Research Methods: Qualitative and Quantitative Approaches*. Massachusetts, USA: Allyn and Bacon.

- Newmark, M. & Beels, C. (1994). The misuse and use of science in family therapy. *Family Process*, 33, 3-17.
- Nichols, M. (1995). *The Lost Art of Listening*. New York: Guilford.
- Nickols, F. W. (2000). The knowledge in knowledge management. In J. W. Cortada & J. A. Woods (Eds). *The Knowledge Management Yearbook 2000-2001* (pp 12-21). Boston: Butterworth-Heinemann.
- O'Halloran, T. M. & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counselling*. 22(4), 345-365.
- Orlinsky, D. E. & Howard, K. J. (1986). Process and outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds), *Handbook of psychotherapy and behavior change* (3rd ed.).(pp. 311-381). New York: Wiley.
- Owen, I. (1993). On 'The private life of the psychotherapist' and the psychology of caring. *Counselling Psychology Quarterly*, 6(3), 251-264.
- Parker, I. A. (Ed.). (1999). *Deconstructing Psychotherapy*. London: Sage Publications.
- Parker, I. A. (2002). *Critical Discursive Psychology*. London: Palgrave.
- Parker, I. A. (2003a). Discursive resources in the Discourse Unit. *Discourse Analysis Online*, 1(1), Retrieved April 3, 2005, from <http://www.shu.ac.uk/dao1/previous/v1/n1/index.htm>
- Parker, I. A. (2003b). *Psychology is so critical, only Marxism can save us now*. Retrieved April 3, 2005, from <http://www.psychminded.co.uk/news/news2003/oct03/psychologysocritical.htm>
- Parker, I. A. (2004). Criteria for qualitative research in psychology. *Qualitative Research in Psychology*, 1(2), 95-106.
- Parker, I. A. (2005). *Qualitative Psychology: Introducing Radical Research*. Buckingham: Open University Press.
- Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy : A review of reviews. *Psychotherapy*, 21(4) , 431-438.
- Patton, M. Q. (2001). *Qualitative Research & Evaluation Methods (3rd ed)*. London: Sage.
- Paykel, E. S., Prusoff, B. A. & Uhlenhuth, E. H. (1971). Scaling of life events. *Archives of General Psychiatry*, 25, 340.
- Pearce, W. B. & Cronen, V. E. (1980). *Communication, Action and Meaning: the Creation of Social Realities*. New York: Praeger.

- Penn, M. L. & Wilson, L. (2003). Mind, Medicine, and Metaphysics: Reflections on the reclamation of the Human Spirit. *American Journal of Psychotherapy*, 57(1), 18-31.
- Penn, P. & Frankfurt, M. (1994). Creating a participant text: Writing, multiple voices, narrative multiplicity. *Family Process*, 33(3), 217-231.
- Phelps, J.R. (1996). A brief history of psychotherapy in graphic display. *Academic Psychiatry*, 20(2), 99-100.
- Piaget, J. (1971). *Biology and knowledge*. Chicago: University of Chicago Press.
- Plante, T. G. (2005). *Contemporary Clinical Psychology (2nd ed.)*. New York, NY: John Wiley & Sons.
- Platt, J. (1988). What can case studies do? *Studies in Qualitative Methodology*, 1, 1-23.
- Polivy, J. & Herman, P. (2002). If at first you don't succeed: False hopes of self-change. *American Psychologist*, 57(9), 677-689.
- Polyani, M. (1967). *The Tacit Dimension*. New York: Anchor Books.
- Ponterotto, J. G. (2002). Qualitative research methods: The fifth force in psychology. *The Counseling Psychologist*, 30, 394-406.
- Popadiuk, N. (2004). The feminist biographical method in psychological research. *The Qualitative Report*, 9(3), 392-412.
- Postman, N. (1985). *Amusing Ourselves to Death*. New York: Viking.
- Prilleltensky, I. & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings*. London, UK: MacMillan/Palgrave.
- Raskin, J. D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism, and social constructionism. *American Communication Journal* 5(3). Retrieved June 6, 2006, from <http://www.acjournal.org/holdings/vol5/iss3/special/raskin.htm>
- Reason, P. & Bradbury, H. (2001). Introduction: Inquiry and participation in search of a world worthy of human aspiration. In P. Reason & H. Bradbury (Eds), *Handbook for Action Research: Participative Inquiry and Practice* (pp. 1-14). London: Sage.
- Reason, R. & Rowan, G. (Eds). (1981). *Human Inquiry: a source book of new paradigm research*. Chichester: Wiley.
- Reber, A. S. (1985). *The Penguin Dictionary of Psychology*. Hamondsworth: Penguin Books.
- Reisman, J. (1991). *A History of Clinical Psychology*. UK : Taylor Francis.

- Richardson, L. (2002). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of qualitative research* (2nd ed., pp. 923-948). Thousand Oaks, CA: Sage.
- Ricouer, P. (1980). Narrative Time. In W. J. T. Mitchell (Ed.), *On Narrative* (pp. 165-186). Chicago: University of Chicago Press.
- Ricouer, P. (1984). *Time and Narrative: Vol. I*. Chicago: University of Chicago Press.
- Robbins, B. D. (1999). *Reflections on Being a Psychotherapist*. Retrieved June 19, 2006, from <http://mythosandlogos.com/Reflections.html>
- Rober, P. (1998). Reflections on ways to create a safe therapeutic culture for children in family therapy. *Family Process*, 37, 201-213.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality Change. *Journal of Consulting Psychology*, 21, 95-103.
- Rogers, C. R. (1961). *On Becoming a Person. A therapist's view of psychotherapy*. London: Constable.
- Rogers, C. R. (1975). Client-centered psychotherapy. In A. M. Freedman, H. I. Kaplan & B. J. Sadock (Eds), *Comprehensive Textbook of Psychiatry, II, Vol. 2* (2nd ed.)(pp. 1831-43). Baltimore: Williams and Wilkins.
- Rogers, C. R. (1980). *A way of being*. Boston, MA.: Houghton Mifflin.
- Rogers, C. R. (1986). A client-centered/person-centered approach to therapy. In I. Kutash & A. Wolf (Eds), *Psychotherapist's Casebook* (pp. 197-208). San Francisco: Jossey-Bass.
- Roof, W. C. (1999). *Spiritual marketplace: Baby boomers and the remaking of American religion*. Princeton, NJ: Princeton University Press.
- Rose, D. (1990). *Living the ethnographic life*. California: Sage.
- Rosenau, P. M. (1992). *Post-modernism and the social sciences*. New Jersey: Princeton University Press.
- Rossiter, A. (2000). The postmodern feminist condition: New conditions for social work. In B. Fawcett, B. Featherston, J. Fook & J. Rossiter (Eds), *Practice and research in social work: Postmodern feminist perspectives* (pp. 24-38). New York: Routledge.
- Roth, A. & Fonagy, P. (2004). *What Works for Whom? A Critical Review of Psychotherapy Research* (2nd ed.). New York: Guilford Press.

- Roth, S. (1993). Speaking the unspoken: A work-group consultation to reopen dialogue, in E. Imber-Black (Ed.), *Secrets in families and family therapy* (pp. 268-291). New York: Norton.
- Routh, D. K. (2000). Clinical psychology training: A history of ideas and practices prior to 1946. *American Psychologist*, 55(2), 236-241.
- Rutan, J. & Grobes, J. (1992). The value system of the psychotherapist. In J. Rutan (Ed.), *Psychotherapy for the 1990's* (pp. 3-34). New York: Guilford.
- Sanday, P. R. (1981). *Female power and male dominance: on the origins of sexual inequality*. University of Pennsylvania: Cambridge university press.
- Sanders, C. R. & Arluke, A. (1993). If lions could speak: Investigating the animal-human relationship and the perspective of nonhuman others. *Sociological Quarterly*, 34, 377-390.
- Sandow, D. & Allen, A. M. (2005). The nature of social collaboration: How work really gets done. *Reflections*, 6(2/3).
- Sawyer, R. K. (2002). Emergence in psychology: Lessons from the history of non-reductionist science. *Human Development*, 45, 2-28.
- Schulte, D. & Hahlweg, K. (2000). A new law for governing psychotherapy for psychologists in Germany: Impact on training and mental health policy. *Clinical Psychology: Science and Practice*, 7, 259-263.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretism, hermeneutics and social constructionsim. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of qualitative research (2nd ed.)* (pp. 189-214). Thousand Oaks: Sage.
- Schwartzman, J. (1984). Family theory and the scientific method. *Family process*, 23, 223-236.
- Seikkula, J., Arnkil, T. E. & Eriksson, E. (2003). Postmodern society and social networks: Open and anticipation dialogues in network meetings. *Family Process*, 42(2), 185-203.
- Sells, P. S., Smith, T. E. & Sprenkle, D. H. (1995). Integrating qualitative and quantitative research methods: A research model. *Family Process*, 34, 199-218.
- Senge, P. M. (1990). *The fifth principle: The art and practice of the learning organisation*. New York: Doubleday.

- Senge, P. M., Scharmer, C. O., Jaworski, J. & Flowers, B. S. (2005). *Presence - Exploring profound change in people, organizations and society*. London: Nicholas Brealey Publishing.
- Sennett, R. (1998). *The corrosion of character*. New York: Norton.
- Servan-schreiber, D. (2003). *Healing without freud or Prozac: natural approaches to curing stress, anxiety and depression without drugs and without psychoanalysis*. London: Rodale Ltd.
- Sexton, T. L. & Whiston, S. C. (1994). The status of the counseling relationship: An empirical review, theoretical implication, and research questions. *Counseling Psychologist*, 22(1), 6–78.
- Shadish, W. R., Matt, G. E., Navarro, A. M. & Phillips, G. (2000). The effects of psychological therapies under clinically representative conditions: A meta-analysis. *Psychological Bulletin*, 126, 512-529.
- Shafer, I. (2000). *World Thought and Culture*. Retrieved July 27, 2005 from <http://www.usao.edu/~usao-ids3323/ids/home.html>
- Shafranske, E. P. (Ed.). (1996). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.
- Shah, A. (2006). *Behind consumption and consumerism*. Retrieved December 20, 2006, from <http://www.globalissues.org/traderelated/consumption.asp>
- Shapiro, J., Sank, L. I., Shaffer, C. S. & Donovan, D. C. (1982). Cost effectiveness of individual vs. group cognitive behavior therapy for problems of depression and anxiety in an HMO population. *Journal of Clinical Psychology*, 38(3), 674-677.
- Shaw, P. (2002). *Changing conversations in organizations: A complexity approach to change*. New York: Routledge.
- Shotter, J. (1993). *Conversational Realities: Constructing life through language*. London: Sage Publications.
- Shweder, R. A. (2003). *Why Do Men Barbecue? Recipes for Cultural Psychology*. Harvard: Harvard University Press.
- Silverman, D. (1993). *Interpreting qualitative data: Methods for analysing talk, text and interaction*. London: Sage.
- Silverman, D. (2004a). *Doing qualitative research: A practical handbook*. Thousand Oaks: Sage.
- Silverman, D. (2004b). *Qualitative research: Theory, method and practice (2nd ed.)*. London: Sage.

- Slouka, M. (1995). *War of the Worlds: cyberspace and the high-tech assault on reality*. New York: Basic Books.
- Sluzki, C. E. (1992). Transformations: A blueprint for narrative changes in therapy. *Family Process*, 31, 217-230.
- Smail, D. (2002). *Psychotherapy and the Making of Subjectivity*. Retrieved April 3, 2005, from <http://www.davidsmail.freeuk.com/psychsubj.htm>
- Smith, D. P. & Orlinsky, D. E. (2004). Religious and spiritual experience among psychotherapists. *Psychotherapy: Theory, Research, Practice, Training*, 41(2), 144-151.
- Smith, H. D. (1958). Chinese concepts of the soul. *Numen*, 5(3), 165-179.
- Smith, M. L. (1982). What research says about the effectiveness of psychotherapy. *Hospital and Community Psychiatry*, 33(6), 457-461
- Smith, M. L. & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752-760.
- Smith, M. L., Glass, G. V & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore: Johns Hopkins University Press.
- Solomon, R. C. & Serres, R. F. (1999). Effects of parental verbal aggression on children's selfesteem and school marks. *Child Abuse and Neglect*, 23(4), 339-351.
- Stachowiak, J. & Briggs, S. (1984). Ecosystemic therapy: "A treatment perspective." In W. O'Connor & B. Lubin (Eds), *Ecological approaches to clinical and community psychology*. New York: John Wiley & Sons.
- Stanovich, K. E. (2004). *How to think straight about psychology*. Boston: Allyn and Bacon.
- Stebnicki, M. A. (2000). Stress and grief reactions among rehabilitation professionals: Dealing effectively with empathy fatigue. *Journal of Rehabilitation*, 66(1), 23-30.
- Stewart, D. L. (2002). The role of faith in the development of an integrated identity: A qualitative study of Black students at a White college. *Journal of College Student Development*, 43, 579-596.
- Stivers, R. (1994). *The Culture of Cynicism: American morality in decline*. Cambridge: Blackwell publishing.
- Stolorow, R. D. (1994). The nature and therapeutic action of psychoanalytic interpretation. In R. D. Stolorow, G. E. Atwood & B. Brandchaft (Eds), *The intersubjective perspective* (pp. 43-55). Northvale, NJ: Jason Aronson.

- Strauss, A.L. (1987). *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- Strauss, A.L. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.
- Stubbs, J. P. & Bozarth, J. D. (1994). The dodo bird revisited: A qualitative study of psychotherapy efficacy research. *Journal of Applied and Preventative Psychology*, 3(2), 109-120.
- Sussman, M. B. (1993). *A curious calling: Unconscious motivations for practicing psychotherapy*. New York: Wiley.
- Sussman, M. B. (Ed.). (1995). *A perilous calling: The hazards of psychotherapy practice*. New York: Wiley.
- Szasz, T. (1987). *Insanity: The idea and its consequences*. New York: Wiley.
- Tappan, M. B. (1991). Narrative, Authorship and the Development of Moral Authority. In Tappan & Parker (Eds), *Narrative and Storytelling: Implications for Understanding Moral Development* (pp. 5-25). San Francisco: Jossey-Bass.
- Tappan, M.B. (1999). Authoring a moral self: A dialogical perspective. *Journal of Constructivist Psychology*, 12, 117-131.
- Tausch, R. & Tausch, A. M. (1990). *Gesprechtpsychotherapy (9th ed.)*. Guttingen: Hogrefe.
- Taylor, S. J. & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meanings*. New York: John Wiley.
- Tedlock, B. (2000). Ethnography and ethnographic representation. In N. K. Denzin & Y. S. Lincoln (Eds), *Handbook of Qualitative Research (2nd ed.)*.(pp. 455-486). Thousand Oaks, CA: Sage
- Terre Blanche, M. & Kelly, K. (1999). Interpretative methods. In M. Terre Blanche & K. Durrheim (Eds), *Research in practice: Applied methods for the social sciences* (pp. 123-146). Cape Town: University of Cape Town.
- Thomas, P. N. & Naidoo, A. V. (2006). Psychological consulting in South Africa: The emergence of a new practice modality and its implications for training. *New Voices in Psychology*, 2(1), 46-64.
- Todd, T. C. & Stanton, M. D. (1983). Research on marital and family therapy: Answers, issues, and recommendations for the future. In B. B. Wolman & G. Strickler (Eds), *Handbood of family and marital therapy* (pp. 91-115). New York: Plenum.
- Tomm, K. (1983). The old hat doesn't fit. *The Family Therapy Network*, 7, 39-41

- Tomm, K. (1987). Interventive interviewing: Part II: Reflexive questioning as a means to enable self-healing. *Family Process*, 26(2), 167-184.
- Tomm, K. & Lannamann, J. (1988). Questions as interventions. *The Family Therapy Networker*, 12(5), 38-41.
- Torbert, W. R. (1976). *Creating a Community of Inquiry: conflict, collaboration, transformation*. New York, Wiley.
- Tramontana, M. G. (1981). Critical review of research on psychotherapy outcome with adolescents: 1967-1977. In S. Chess & A. Thomas (Eds), *Annual progress in child psychiatry & child development* (pp. 521-550). New York: Brunner/Mazel.
- Truax, C. B. & Carkhuff, R. R. (1967). *Toward Effective Counseling and Psychotherapy : Training and Practice*. Chicago: Aldine.
- Truax, C. B. & Mitchell, K. M. (1971). Research on certain interpersonal skills in relation to process and outcome. In A, E, Bergin & S. L. Garfield (Eds), *Handbook of psychotherapy and behavior change*. New York: Wiley.
- Valle, R. S. & Halling, S. (Eds). (1989). *Existential-phenomenological perspectives in psychology*. New York: Plenum
- Van Belle, H. A. (1990). Rogers' later move toward mysticism: Implications for client-centered therapy. In G. Lietaer, J. Rombauts & R. Van Balen (Eds), *Client-Centered and Experiential Psychotherapy in the Nineties* (pp. 47-57). Leuven: Leuven University Press.
- van der Pluym, A. (2004). *Anthea's Journey*. Valyland, South Africa: Aardvark Press.
- Varela, F. (1979). *Principles of biological autonomy*. New York: Elsevier North Holland.
- Varela, F. & Maturana, H. (1992). *The Tree of Knowledge: The Biological Roots of Human Understanding*. Boston, MA: Shambhala Publications.
- Viljoen, G. A. (2004). *The well-being of young psychotherapists: a social constructionist approach*. Unpublished Doctoral dissertation, University of South Africa.
- Vocisano, C., Arnow, B., Blalock, J. A., Vivian, D., Manber, R., Rush, A.J. et al. (2004). Therapist variables that predict symptom change in psychotherapy with chronically depressed outpatients. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 255-265.
- von Foerster, H. (1981). *Observing systems*. California: Intersystems Publications.

- von Foerster, H. (2002). *Understanding understanding: Essays on cybernetics and cognition*. New York: Springer-Verlag.
- von Glasersfeld, E. (1984). An introduction to radical constructivism. In P. Watzlawick (Ed.), *The invented reality*. New York: W.W. Norton.
- von Glasersfeld, E. (1995). *Radical constructivism. A way of knowing and learning*. London: Falmer.
- Vygotsky, L. (1962). *Thought and Language*. Cambridge, MA: MIT Press.
- Vygotsky, L. (1987). *The collected works of L.S. Vygotsky, Vol. 1: Problems of general psychology* (N. Minick, Trans.). New York: Plenum Press.
- Walker, N. (2005). *A Short History of Psychotherapy*. UK: Routledge.
- Walsch, N. D. (1999). *Friendship with God, an Uncommon Dialogue*. U.S.A.: Putnam's Sons.
- Walsch, N. D. (2004). *Tomorrow's God: Our greatest spiritual challenge*. London: Hodder Mobius.
- Walsh, F. (Ed.). (1999). *Spiritual resources in family therapy*. New York: W.W. Norton.
- Wampold, B. E. (2001). *The Great Psychotherapy Debate: Models, Methods and Findings*. USA: Lawrence Erlbaum Associates.
- Watzlawick, P. (1984). *The invented reality*. New York: W.W. Norton.
- Wedding, D. & Niemiec, R. M. (2003). The clinical use of films in psychotherapy. *Journal of Clinical Psychology*, 59, 207–215.
- Weinberger, J. (1995). Common factors aren't so common: The common factors dilemma. *Clinical Psychology: Science and Practice*, 2, 45-69.
- Weissman, M. M., Klerman, G. L., Paykel, E. S., Prusoff, B. & Hanson, B. (1974). Treatment effects on the social adjustment of depressed patients. *Archives of General Psychiatry*, 30(6), 771-778.
- Wendel, R. (2003). Lived religion and family therapy: What does spirituality have to do with it? *Family Process*, 42, 165-179.
- Wertsch, J. (1991). *Voices of the mind: A sociocultural approach to mediated action*. Cambridge, MA: Harvard University Press.
- Whitaker, C. (1981). Process techniques of family therapy. In R. J. Green & J. L. Framo (Eds), *Family therapy: Major contributions* (pp. 419-442). New York: International Universities Press, Inc
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton and Company.

- Whitmont, E. C. (1993). *The Alchemy of Healing: Psyche and Soma*. California: North Atlantic Books.
- Windholtz, M. J. & Silbershatz, G. (1988). Vanderbilt psychotherapy process scale: A replication with adult outpatients. *Journal of Consulting and Clinical Psychology, 56*(1), 56-60
- Witmer, J. M. & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *Journal of Humanistic Counseling Education and Development, 34*(3), 141-156.
- Wittenberg, K. J. & Norcross, J. C. (2001). Practitioner perfectionism: Relationship to ambiguity tolerance and work satisfaction. *Journal of Clinical Psychology, 57*(2), 1543-1550.
- Wolcott, H. F. (1995). *The art of fieldwork*. Walnut Creek CA. Altamira Press.
- Woolger, R. J. (1987). *Other Lives, Other Selves*. New York: Doubleday.
- Wright, D. (2003). *The confinement of the insane: International perspectives 1800-1965*. Ontario: McMaster University.
- Yalom, I. D. (1989). *Love's executioner and other tales of psychotherapy*. London: Penguin Books.
- Yalom, I. D. (2005). *The Gift of Therapy: Reflections on being a therapist*. Piatkus Books: London.
- Yancey, P. (2002). *Finding God in Unexpected Places*. London: Hodder & Stoughton.
- Yin, R. K. (1989). *Case study research: Design and methods (2nd ed.)*. Beverly Hills, CA: Sage.
- Zeig, J. K. & Gilligan, S. G. (Eds). (1990). *Brief therapy-Myths, methods and metaphors*. New York: Brunner/Mazel.
- Zohar, D. (1997). *Rewiring the Corporate Brain: Using the New Science to Rethink How We Structure and lead Organizations*. San Francisco: Barret-Koehler.
- Zohar, D. & Marshall, I. (2004). *Spiritual Capital*. Bloomsbury: London.